



**CENTER FOR
LEADERSHIP
DEVELOPMENT**

Empowering Youth / Strengthening Community

To Return Registration form:
By mail: 2425 Dr. Martin Luther King Jr.
Street.
Indianapolis, IN 46208
By fax: 317.923.8112
CLD Business Number: 317.923.8111
Registration fee: **FREE**

**COLLEGE PREP INSTITUTE (CPI)
EMERGING SCHOLARS**

(PLEASE PRINT LEGIBLY)

STUDENT INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Gender: F M Date of Birth: ____/____/____ STN: _____ (8 digit school ID)

Ethnicity: ____Caucasian ____African-American ____Hispanic-American ____Native-American
____Asian-American ____Multi-racial ____Other _____ (If other, please specify)

Email: _____ @ _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____

Twitter Handle @ _____ T-Shirt Size: XS S M L XL 2XL 3XL 4XL 5XL

PARENT/GUARDIAN INFORMATION

Student lives with: ____Mother and Father ____Two Parents ____Mother Only ____Father Only ____Aunt/Uncle
____Grandparents ____Guardian ____Other *Specify Other:* _____

Guardian (1) First Name _____ **Guardian (1) Last Name** _____ **Guardian Type (1):** ____Mother ____Father ____Aunt ____Uncle
____Grandmother ____Grandfather ____Brother ____Sister ____Guardian

Guardian (1) E-Mail: _____ @ _____

Is address same as student? __Yes __No

Address (1): _____

City (1): _____ State (1): _____ Zip Code (1): _____

Home Phone (1): _____ Work Phone (1): _____ Cell Phone (1): _____

Guardian (2) First Name _____ **Guardian (2) Last Name** _____ **Guardian Type (2):** ____Mother ____Father ____Aunt ____Uncle
____Grandmother ____Grandfather ____Brother ____Sister ____Guardian

Guardian (2) E-Mail: _____ @ _____

Is address same as student __Yes __No

Address (2): _____

City (2): _____ State (2): _____ Zip Code (2): _____

Home Phone (2): _____ Work Phone (2): _____ Cell Phone (2): _____

Parent/Guardian Participant First Name #1 _____ **Parent/Guardian Participant Last Name #1** _____

Parent/Guardian Participant Type #1: Aunt Brother Father Grandfather Grandmother
Mother Sister Uncle Other

Parent/Guardian Participant First Name #2 _____ **Parent/Guardian Participant Last Name #2** _____

Parent/Guardian Participant Type #2: Aunt Brother Father Grandfather Grandmother
Mother Sister Uncle Other

of Participants _____

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OVER

Rev 02/2015

Date Rec'd: _____ Ack. Sent: _____
Amount Paid: _____ Method: _____
Staff Initials: _____

EDUCATIONAL INFORMATION

Please provide complete school name (no acronyms) i.e. Warren Central High School not WCHS

Current School: _____

Current Grade: 10 11 12

H. S. Graduation Year 20 ____

Did your child PASS or FAIL last year? (Circle One)

21st Century Scholar ____Yes ____No ____ Don't know

Does your child have an Individual Education Plan?

____Yes ____No ____ Don't know

First College/University Choice:

- Ball State Univ. Butler Univ. Central State Univ. Cornerstone Univ. DePauw Univ. Franklin Coll. Goshen Coll. Hanover Coll. Harrison Coll. Indiana State Univ. Indiana Univ. Indiana Wesleyan Univ. IUPUI Ivy Tech Comm. Coll. Manchester Univ. Marian Univ. North Carolina A & T State Univ. Purdue Univ. University of Indianapolis Wabash College Vincennes Univ. Other

Second College/University Choice:

- Ball State Univ. Butler Univ. Central State Univ. Cornerstone Univ. DePauw Univ. Franklin Coll. Goshen Coll. Hanover Coll. Harrison Coll. Indiana State Univ. Indiana Univ. Indiana Wesleyan Univ. IUPUI Ivy Tech Comm. Coll. Manchester Univ. Marian Univ. North Carolina A & T State Univ. Purdue Univ. University of Indianapolis Wabash College Vincennes Univ. Other

CAREER INTEREST

- Accounting/Finance Architecture/Construction Business/Entrepreneurship Communications/Media Computer/Information Technology Education Engineering Law Medical Field Performing Arts/Creative Careers Sports Other Undecided

Specific Career field: _____

PROGRAM INFORMATION

First time in CLD: Yes/No? ____Yes ____ No

- If yes, how did you hear about us? Alumni CLD Event Church Community Event/Organization Newspaper Radio School Social Media TV Walk-in Website Other

If other, please specify _____

CONFIDENTIAL INFORMATION

The following information is **REQUIRED** for CLD to obtain funding as a Non-Profit Organization. Names are **never** used and the information is completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Total Number of individuals living in household: _____

Annual Household Income:

- \$0 - \$9,999 \$10,000 - \$19,999 \$20,000 - \$29,999 \$30,000 - \$39,999 \$40,000 - \$49,999 \$50,000 +

Check All Programs that Apply: TANF Food Stamps Medicaid SSI SSDI Veteran's Compensation None

Does your child receive Free or Reduced lunch? Yes No

PARENT/GUARDIAN CONSENT

I hereby give permission for my child, named above, to attend and participate in Center for Leadership Development's (CLD) programs, activities, and initiatives. For the purposes of marketing CLD programs, I hereby give permission for my child to be photographed and/or video graphed. Any data collected by CLD from various vehicles is private and confidential. Data may include, but is not limited to: ISTEP scores, CTBS, and standardized testing covered by FERPA, as well as grades, school attendance records, behavioral records and log sheets. It is also understood that data collected will protect my child's identity, although CLD, its assigns, or successors may use the data to determine current trends. The data collected is the sole property of CLD.

I am the natural parent or legal guardian having custody of said child. In consideration of my child participating in CLD, I hereby voluntarily release and agree to hold harmless and indemnify the Center for Leadership Development (CLD), each of its directors, officers, employees, volunteers, and its partner organizations from and against any and all liability, claims, demands, actions, damages, expenses and costs, including attorney's fees, losses and judgments of whatsoever kind and nature which may result from or arise out of my child's participation whether or not resulting in whole or in part from negligence, acts or omissions of CLD or its directors, officers, employees, volunteers, or partner organizations, or of said child.

In the event that I cannot be reached in an emergency, I hereby give permission to the CLD staff/volunteer(s) to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or nurse selected by the CLD staff/volunteer(s) to secure and administer treatment, including hospitalization, for the youth listed above. I do hereby agree to hold free from any and all liability all respective officers, employees, and members. I hereby on behalf of my child waive, release, and forever discharge any and all rights and claims for damages which my child may have or may not have accrue arising out of or connected with my child in any of the activities of the CLD.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____

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