



# PROJECT MR. (MALE RESPONSIBILITY)

(PLEASE PRINT LEGIBLY)

## STUDENT INFORMATION

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: 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): \_\_\_\_\_

## EDUCATIONAL INFORMATION

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

Current School: \_\_\_\_\_

Current Grade: 7 8 9 10

H. S. Graduation Year 20 \_\_\_\_

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

21<sup>st</sup> Century Scholar \_\_\_\_Yes \_\_\_\_No \_\_\_\_ Don't know

Does your child have an Individual Education Plan?

\_\_\_\_Yes \_\_\_\_No \_\_\_\_ Don't know

*For Office Use Only*

**OVER**

Date Rec'd: \_\_\_\_\_ Ack. Sent: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Method: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

## 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 \_\_\_\_\_

*For Office Use Only*

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