

ALLIANCE PROGRAM



After School
 Summer
 Academic Support

Dear Parents and Applicant:

Thank you for your interest in Alliance Program. Please fill out this application form completely. Date: _____

| | | | | | | | |
|-----------------------|--|----------|--|---|--|------------------------|-------|
| Applicant's name: | | DOB: | | Gender: <input type="checkbox"/> male <input type="checkbox"/> female | | Grade: | |
| Ethnicity: White | | Hispanic | | African American | | Asian | Other |
| Address: | | | | | | | |
| Parent/Guardian Name: | | | | | | Phone: | |
| Cell: | | | | Email: | | | |
| Emergency Contact: | | | | Phone: | | Relationship to youth: | |

Academics

| | |
|-----------------------------------|--------|
| Name of School Attending: | |
| Name of School Counselor/Teacher: | Phone: |
| Portal ID: | |

Referral Needs; please rate 1 – 5 (5 being the highest)

| | | | | | | | |
|--|-----------------|--|-------------------|--|---------------|--|---------------------|
| | Academic Issues | | Behavioral Issues | | Delinquency | | Vocational Training |
| | Self-Esteem | | Study Habits | | Social Skills | | Peer Relationships |
| | Family Issues | | Special Needs | | Attitude | | |

Other (please explain):

Parent/Guardian Signature