

### Student Information

|                    |                      |                           |                      |
|--------------------|----------------------|---------------------------|----------------------|
| First Name:        | <input type="text"/> | Age:                      | <input type="text"/> |
| Last Name:         | <input type="text"/> | Date of Birth:            | <input type="text"/> |
| Grade:             | <input type="text"/> | Sex:                      | <input type="text"/> |
| City:              | <input type="text"/> | Address:                  | <input type="text"/> |
| State:             | <input type="text"/> | County/ Zip Code:         | <input type="text"/> |
| Cell Phone Number: | <input type="text"/> | Race/Nationality/ Origin: | <input type="text"/> |
| Email Address:     | <input type="text"/> |                           |                      |

### Program(s) Desired (Check all that apply)

Project Ready Downtown (7th-12th Graders): ☐

Rising 5th Graders (4th, 5th, and 6th Grade Saturday School): ☐

Street Academy (4th, 5th, and 6th Grade Boys Only Saturday School): ☐

Leading II Reading Supplemental Education Services: ☐

Urban Youth Golf Program: ☐

Parent Leadership Academy (Parents/Guardians of students in JCPS Schools): ☐

### Parent/Guardian Information

|                |                      |                    |                      |
|----------------|----------------------|--------------------|----------------------|
| First Name:    | <input type="text"/> | Cell Phone Number: | <input type="text"/> |
| Last Name:     | <input type="text"/> | Work Phone Number: | <input type="text"/> |
| Grade:         | <input type="text"/> | Home Phone Number: | <input type="text"/> |
| City:          | <input type="text"/> | Address:           | <input type="text"/> |
| State:         | <input type="text"/> | County/Zip Code:   | <input type="text"/> |
| Email Address: | <input type="text"/> |                    |                      |

### Emergency Contacts

|               |                      |                          |                      |
|---------------|----------------------|--------------------------|----------------------|
| Name:         | <input type="text"/> | Relationship to student: | <input type="text"/> |
| Phone Number: | <input type="text"/> |                          |                      |
| Name:         | <input type="text"/> | Relationship to student: | <input type="text"/> |
| Phone Number: | <input type="text"/> |                          |                      |

Name:

Relationship to student:

Phone Number: