

**21st Century Community Learning Centers (21CCLC)
Student Enrollment Form: School Year 2015-2016**

Student Information

Student Name:		School: International Studies	
Student OSIS (I.D Number):		Gender: Male _____ Female _____	
Grade:		Date of Birth:	
Mailing Address:			
City:		State:	Zip Code:
Home Phone/Cell Phone:		Home Email:	
Racial/Ethnic Group (Optional): 1. Native American/Alaska Native 2. Black or African American 3. Hispanic or Latino 4. Asian 5. White 6. Pacific Islander 7. Other _____			
Language(s) Spoken At Home:			

Parent/Guardian Information

Name of Primary Parent/Guardian 1:	
Guardian Title (please circle one): Mother Father Grandmother Grandfather Other: _____	
Language(s) Spoken:	
Address:	
Home Phone/Cell Phone:	Email:

**21st Century Community Learning Centers (21CCLC)
Student Participation Release Form
2014-2015**

I give my child, _____, permission to enroll and participate in the 21st Century Community Learning Centers(21st CCLC) program at International Studies during the school day or afterschool.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Release of Child at Dismissal

I give my child permission to walk home alone at dismissal: Yes _____ No _____

****If NO, my child may only be picked up after-school by one of the following individuals unless I inform the school otherwise. It is my responsibility to inform the school of any changes in regards to this.****

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:

For questions/concerns: Please call the main office at 718.330.39390.

Health Information

_____ **YES, my child's medical information (allergies, medications, health care needs & medical issues of importance) is on file with the school in the nurse's office.**

If my child requires emergency medical care and I cannot be reached, I give my consent to the 21st CCLC program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Consent to Photograph, Film, or Videotape a Student for Non-Profit Use (E.G., Educational, Public Service or Health Awareness Purposes)

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the Student named above by the New York City Department of Education. I also grant to the New York City Department of Education the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Student Data and Evaluation Consent Form

Your child, _____, is enrolled in the program funded by the 21st Century Community Learning Center grant (21st CCLC). In order to monitor the effectiveness of the program and ensure its future success, an independent evaluator is conducting an ongoing evaluation. It the intentions of the evaluation to learn how these services help students, and how they can be improved in order to meet the grant requirements.

Specifically we ask permission to:

- Obtain demographic data including: racial/ethnic group, gender, grade level, English proficiency, free or reduced price lunch eligibility, and special needs from the New York City Department of Education for students in the 21st CCLC program.
- Contact your child's school to obtain records showing his or her progress, including information about enrollment, grades, citywide and statewide test scores, and 21st CCLC program attendance.
- Survey and/or interview you and your child about the 21st CCLC program and its effects.
- Talk to teachers and staff about your child's progress and participation in the 21st CCLC program, and review program records on participation in the program.

Individual student data we collect will only be used to assess the 21st CCLC program and will not be made public. Participating in the evaluation will not affect your child in school, in the 21st CCLC program, or in any other way. We will not use your name or your child's name in any report. At the end of the evaluation, we will destroy all records that include personal information. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences.

Please select one of the options below and return this form to the program coordinator/director.

_____ **YES, I GIVE PERMISSION FOR MY CHILD TO PARTICPATE.** I have read the above information and I give permission for my child to participate in the evaluation of the 21st CCLC program. I also consent for the evaluator and the New York City Department of Education to obtain my child's records, interview program and school staff, and interview me and my child for evaluation purposes.

Student Name: _____

Student OSIS #: _____

School: International Studies

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

_____ **NO, I DO NOT WANT MY CHILD TO PARTICPATE.** I have read the above information and I DO NOT give permission for my child to participate in the evaluation of the 21st CCLC program.

If at any time you change your mind about this decision, you may contact the 21st Century Site Coordinate at the school.