



APPLICATION PACKET SOUTH MIAMI HIGH SCHOOL

This application is for admittance into the St Thomas University 21st Century Afterschool Program, Go! Allez! Vamos! at your school. The program will focus on providing you with exciting reading, math, science and enrichment activities.

Please follow the steps below and return packet to _____.

1. Please fill out the Student Information Form.
2. Please have your parent/guardian sign the Parental Permission Form and the Student Record Release Form and the Parental/Guardian Agreement.

It is very important to complete all of the questions to the best of your ability.

We look forward to seeing you in the program!

ST. THOMAS UNIVERSITY
21st Century Afterschool Program, Go! Allez! Vamos!
16401 NW 37th Avenue- K108 • Miami Gardens, Florida 33054
contact info: rbetancourt@stu.edu



STUDENT PERSONAL INFORMATION FORM

**IF ALL OF THE INFORMATION REQUESTED ON THIS PAGE IS NOT INCLUDED –
WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION.**

Student Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security No.: ____-____-____ Date of Birth: ____/____/____ Sex: Male Female

Home Phone #: _____ Cellular Phone #: _____

Email Address: _____

United States Citizen: Yes No Citizenship: _____

High School Name: _____ School ID#: _____

Current Grade: _____ GPA: _____

Counselor's Name: _____



PRINT Student Name: _____

Student ID#: _____

STUDENT RECORD RELEASE FOR ST. THOMAS UNIVERSITY 21ST CENTURY AFTERSCHOOL PROGRAM, Go! Allez! Vamos!

The information you provide to the 21st Century Program and/or St. Thomas University (STU) is for 21st Century, STU, and the U.S. Department of Education only. The information provided in this application is necessary to determine eligibility for the program and may be used for research purposes. Only 21st Century, STU personnel and U.S. Department of Education personnel have access to these records.

I give consent to release the following information to the 21st Century program as requested:

- Standardized Test Results (ACT, SAT, SAT II, FWT, FACT, PSAT, AP)
- Grade Reports
- School Transcripts

Further, I give consent for 21st Century/St. Thomas University staff and my child's school representatives to discuss my child's academic progress and general school activities for the purposes of identifying needs, coordinating services, and documenting my child's overall scholastic progress.

I consent for 21st Century/St. Thomas University to use photographs of my child for news releases, publicity, and other information about the program released to the public.

I give consent for this release to remain in effect until my child's participation in the 21st Century program ends, if selected as an 21st Century participant.

PRINT Name of Student:

Student Signature:

____/____/____
Date:

Parent/Guardian Signature:

____/____/____
Date:



PRINT Student Name: _____ Student ID#: _____

Emergency Contact and Medical Information for Student

PRINT Student's Name		Student's Date of Birth	M	F
PRINT Parent's/Guardian's Name		Sex		
()	()	PRINT Parent's/Guardian's Name		
Home Phone	Work Phone	()	()	
()		Home Phone	Work Phone	
Cellular Phone		()		
Address		Cellular Phone		
City, State ZIP Code		Address		
		City, State ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact		
()	()	()	()	
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, State ZIP Code		City, State ZIP Code		

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.



PARENT/FAMILY LETTER OF COMMITMENT TO PARTICIPATE

(TO BE COMPLETED BY PARENT/GUARDIAN)

DATE _____

I/We _____ have a child _____ who has been selected to participate in the St Thomas University Go! Allez! Vamos! 21st Century Program at his/her school:
_____.

I/We understand that my/our participation in this program is mandatory in order for my child to be enrolled in this program. My/our participation will consist, at a minimum of attending four(4) activities organized by the Go! Allez! Vamos! Program during the school year.

PRINT Parent/Guardian Name:

Signature

_____/_____/_____
Date: