



STUDENT HIRES

CONNECTING STUDENTS WITH VALUABLE JOB OPPORTUNITIES

Office Use Only

Date Rcv'd:	SSID #:	Start Date:	Wait List: <input type="checkbox"/>
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Student Hires After-School Program Application (English)

Student Information

Last Name		First Name		Middle Name
Grade		Age	Gender	Date of Birth
School		District		Student ID #

Parent/Guardian Information

Last Name		First Name		Relationship
1.				
2.				
Email Address		Home Phone	Cell Phone	Work Phone
1.		()	()	()
2.				
Mailing Address		City	State	Zip
1.				
2.				

Student Release Authorization (other than parents)

All enrolled students must be signed out by an authorized adult. Please bring a picture ID when picking up your child. I authorize the following people to pick up my student from the school site in case of an emergency:

Full Name		Relationship	Home Phone	Cell Phone	Work Phone
1.			()	()	()
2.			()	()	()

Custody Issues (optional)

Are there any custody issues that Student Hires should be aware of?

Please note: By law, we can not refuse student release to a parent unless the court Yes No orders are on file in the school office.

Student Demographic Information

- Is your student enrolled in the Free or Reduced Lunch Program? Yes No Unsure
- Is your student designated as an English Learner (EL)? Yes No Unsure
- Is your student designated as a Special Education Student with an Individualized Education Program (IEP)? Yes No Unsure
- Does your student have a 504 plan? Yes No Unsure





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5. Does your child have any medical conditions, allergies, or other special needs or problems we should be aware of? Yes No Unsure

If yes to questions, 3, 4 or 5, please describe:

Student Ethnicity Information (optional)

1. **Are You Hispanic or Latino?** (A Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Yes No

2. What is your student's race?

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Student Photo / Video / Work Release Authorization

I hereby authorize Student Hires, its employees, and agents permission to use and publish work my student creates during Student Hires programs. In addition, I authorize Student Hires to use and publish photos and videos my student may appear in during Student Hires programs. The student work, photos, and videos may be used in publications, videos, social media, advertising, and any other manner without compensation to my child, myself, or other parents or guardians.

Parent / Guardian Signature

Date

Student Information Release Authorization

As part of my student's participation in Student Hires programs, the school or school district may share my student's data to assist Student Hires in understanding my student's needs and making programming decisions. Student Hires is authorized to administer surveys & assessments to gather student data in its programs.

Parent / Guardian Signature

Date

Medical Treatment Authorization

In the event of illness or serious injury, Student Hires is authorized to seek medical help and assistance by contacting emergency services for my student. I acknowledge that Student Hires is not responsible for providing medical coverage for my student.

Parent / Guardian Signature

Date

Program Participation Agreement

As part of my student's participation in Student Hires programs, the school or school district may share my student's data to assist Student Hires in understanding my student's needs and making programming decisions. Student Hires is authorized to administer surveys & assessments to gather student data in its programs.

Parent / Guardian Signature

Date

