



I want to participate in:  21st CCLC Tutoring in core subjects  
 21st CCLC Activities/Clubs

**Student Information** (Please Print)

\_\_\_\_\_  
 (Last Name) (First Name) (Middle Initial)

\_\_\_\_\_  
 (Street Address) (zip code)

Guilford HS  
 (High School) (Grade 18/19 School Year) (Student ID #)

Race:  African American  Caucasian  Hispanic  Native American  Asian  
 Native Hawaiian/Pacific Islander  Multi Race

Gender:  Male  Female

**Parent/Guardian** Information (Please Print)

\_\_\_\_\_  
 (Last Name) (First Name) (Middle Initial)

\_\_\_\_\_  
 (Phone) (Emergency Contact Name/Number)

I give permission to *ASAP @ RPS* to use photos of my child for promotional purposes of the after school program.  Yes  No  
 Student grades and attendance will be shared with *ASAP @ RPS* for program evaluation purposes. (no names will be used)

\_\_\_\_\_  
 (Parent/Guardian Signature) (Date)

Start Date: \_\_\_\_\_