



Student Application Form

Please fill out pages 1-5 completely. Do not leave blanks!

If you have any questions, please call:

Melany Mendoza, STEP Manager at 552-2471 (Spanish speaker)

Brian White, STEP Academic Advisor, at 552-2287



STUDENT INFORMATION

Name: _____
Last First Middle

Address: _____

Telephone #: _____ Cell Phone #: _____

School: _____ Homeroom: _____ Grade: _____

How do you get to school: Walk _____ Bus _____ Car _____ Other _____

Email: _____

Social Security #: _____ Date of Birth: _____

Ethnic/Cultural Background:

- African-American Asian Hispanic
 Native American White/Caucasian Other (Specify) _____

Where were you born? _____

What languages do you speak? _____

Which languages are you the most comfortable speaking in? _____

Which languages are you the most comfortable reading/writing in? _____

Name: _____ School: _____

Family Information

Who are you currently living with? (please check only one)

- Both Parents One Parent Grandparents
 Foster Parent Other – please explain: _____

Mother's Name: _____ **Occupation:** _____

Telephone #: (home) _____ (work) _____

Mother's Education:

- Grammar School Some High School High School Graduate
 Some College College Graduate Other: _____

Father's Name: _____ **Occupation:** _____

Telephone #: (home) _____ (work) _____

Father's Education:

- Grammar School Some High School High School Graduate
 Some College College Graduate Other: _____

Guardian's Name: **X** _____

How many brothers and sisters do you have?

_____ Brothers Ages: _____
_____ Sisters Ages: _____

What is your family's estimated annual income? (Check one)

- \$0-\$9,999 \$20,000-\$24,999
 \$10,000-\$14,999 \$25,000-\$29,999
 \$15,000-\$19,999 \$30,000-\$34,999
 Other (please write amount) \$ _____
Number of people living in household: _____

Emergency Contact Information: (please provide at least two people)

Name: _____
Relationship to you: _____ Phone: _____

Name: _____
Relationship to you: _____ Phone: _____

Name: _____ School: _____

School Information

Guidance Counselor: _____

Current Classes:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

What are your favorite subjects? _____

What are your least favorite subjects? _____

What do you like about school? _____

What do you dislike about school? _____

How do you consider yourself as a student?

- Among the strongest Better than most Average
 Somewhat weak Weak

Which high school are you planning to attend?

- Holyoke High School William J. Dean Vocational High School
 Other (Specify) _____

Would you like to attend college? Yes No

Why?

What would you like to study? _____

Have you ever visited a college or university? Yes No

If yes, name of college or university: _____

Would you like to visit a college or university? Yes No

If yes, name of college or university: _____

Which college would you like to attend? _____

PARENT/GUARDIAN CONSENT/RELEASE FORM

I grant consent for my child, _____, to participate in Holyoke Community College's Skills Training and Enrichment Program (STEP) and to attend all related activities and functions.

I request that Holyoke Public School personnel share information, grades, class rank, assessment test scores and any other information necessary with program personnel and agree to waive any liability resulting therefrom.

I do hereby agree to assume all the risks and responsibilities surrounding my child's participation in the STEP Program activities; and further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify, release and forever discharge the Commonwealth of Massachusetts, Holyoke Community College, the STEP Program, the Holyoke Public Schools and all its officers, agents, and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property or personal injury that may result from my child's participation in the program and its activities.

In the event I cannot be reached through the emergency telephone number I provided, I authorize program personnel to transport and admit my child to a local hospital for the purpose of emergency medical treatment.

In case of emergency contact:

Name: _____ Telephone #: _____
Parent/Guardian

Signature: _____ Date: _____

| |
|------------------------------------------------------|
| Consentimiento y Permiso de Padre o Encargado |
|------------------------------------------------------|

Doy permiso a mi hijo(a), _____, a participar en el Skills, Training and Enrichment Program (STEP) de Holyoke Community College y a atender todas las actividades y funciones relacionadas al programa.

Por este medio declaro que estoy de acuerdo en asumir todos los riesgos y responsabilidades relacionadas a la participacion de mi hijo(a) en las actividades del Programa STEP. Declaro por mi, mis herederos, y representante(s) personal, que defiendo, indemnizo, y libero de culpa por siempre a el Estado de Massachusetts, a Holyoke Community College, al Programa STEP, y a las escuelas de Holyoke y aun mas pido al personal de las escuelas intermedia a compartir informacion, notas, rango en la clase, resultados de exámenes de destrezas y cualquier otra informacion necesaria con el personal del programa. Descargo de toda responsabilidad al personal de el programa STEP, de las escuelas y de Holyoke Community College por daños y perdidas surjidos de tal participacion.

En caso de emergencia y no poder ser localizado(a) a través del número de teléfono de emergencia provisto, yo autorizo al personal del programa a transportar a mi hijo(a) a un hospital local con el proposito de recibir asistencia medica.

En caso de emergencia contacte:

Nombre: _____ Telefono: _____

Nombre: _____ Date: _____