

# Aim High St. Louis - New Student Application



First \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Student e-mail: \_\_\_\_\_ @ \_\_\_\_\_ Current Grade: \_\_\_\_\_

Phone: \_\_\_\_\_ Please circle one: student cell parent cell home phone

Current School \_\_\_\_\_ Expected Middle School \_\_\_\_\_

Primary language(s) spoken at home: \_\_\_\_\_

Gender M F Orientation (if different) \_\_\_\_\_

Ethnicity African-American Asian Bi-racial Caucasian (white)  
Hawaiian/Pacific Islander Hispanic Multi-racial Native American Other \_\_\_\_\_

Does this student qualify for either free or reduced lunch? free reduced neither

Does this student have an IEP? If yes, please attach a copy: Yes (attach a copy) No

Highest degree completed by mother: \_\_\_\_\_ High School Diploma/GED \_\_\_\_\_ Associates/Certificate  
\_\_\_\_\_ Bachelors (4 year) \_\_\_\_\_ Masters/Graduate \_\_\_\_\_ PhD/M.D. Other \_\_\_\_\_

Highest degree completed by father: \_\_\_\_\_ High School Diploma/GED \_\_\_\_\_ Associates/Certificate  
\_\_\_\_\_ Bachelors (4 year) \_\_\_\_\_ Masters/Graduate \_\_\_\_\_ PhD/M.D. Other \_\_\_\_\_

Parent/Caregiver name (1) \_\_\_\_\_ relationship to student \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Caregiver name (1) \_\_\_\_\_ relationship to student \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ Phone \_\_\_\_\_

Additional phone numbers

Name \_\_\_\_\_ Phone \_\_\_\_\_ (circle one) work cell home

Name \_\_\_\_\_ Phone \_\_\_\_\_ (circle one) work cell home

My child lives with (circle all that apply)

Mother      Father      Stepmother      Stepfather      sister(s) \_\_\_\_\_      brother(s) \_\_\_\_\_

grandparent(s) \_\_\_\_\_      aunt      uncle      other \_\_\_\_\_

Does the student have access to a computer and internet at home?      Yes \_\_\_\_\_      No \_\_\_\_\_

Any known allergies? Medications required? Please describe \_\_\_\_\_

\_\_\_\_\_

Emergency contacts - Name	Relationship to child	Phone Number

Child's Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**ATTACH MOST RECENT  
REPORT CARD!**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

### **Aim High St. Louis Media Use Authorization**

I hereby give Aim High St. Louis, and its partners and affiliates, the right and permission to publish photographic portraits or pictures of my child, his work or his words in any media form, in which my child may be included in whole or in part, or reproductions thereof for any lawful purpose related to Aim High St. Louis' program and operations.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge, and agree to save Aim High St. Louis from any liability by virtue of any blurring, distortion, alteration, optical illusion, whether intentional or otherwise, that may occur or be produced in any processing tending towards the completion of the finished product, or a liability related to the publication of his work or image as described. This permission is valid for so long as Aim High is in operation.

Parent/caregiver signature \_\_\_\_\_ Date \_\_\_\_\_

### **Aim High St. Louis Travel Authorization**

I understand the nature of bus pick-up and drop-off, and I give my consent for my child to be picked up at his/her designated pick up location in the morning, and dropped off at the same location in the afternoon for the duration of my child's participation in Aim High unless otherwise agreed and directed in writing. I understand the nature of educational field trips, and I give my consent for my child to participate fully in any program related field trips or excursions without providing additional consent. Both my child and I understand that program rules apply during field trips and agree to comply with them and support their enforcement as needed.

Parent/caregiver signature \_\_\_\_\_ Date \_\_\_\_\_

### **Aim High St. Louis Medical Treatment Authorization**

Aim High will make every effort to contact the people listed in this application before treatment and/or hospitalization. Understanding this, I give consent and authorize Aim High to obtain, through a physician or a recognized emergency service of its choice, such medical care as is reasonably necessary for the welfare of my child/ward, if s/he is injured in the course of program activities. I have provided by way of this application and agree to maintain its accuracy, all necessary emergency contact and health information as it pertains to my child.

Parent/caregiver signature \_\_\_\_\_ Date \_\_\_\_\_

### **Aim High St. Louis Information Release**

I hereby approve the release of my child's scholastic records (e.g. school transcript, attendance, behavior records, test scores, etc.) to Aim High St. Louis. I understand and agree that this authorization is valid until it is withdrawn in writing by a parent/caregiver, or my child at the age of consent, and such documented withdrawal is acknowledged by Aim High St. Louis administration. This permission pertains to both my child's active participation in Aim High (grades 5-9) and during their post-program academic years, to include information pertaining to high school and extracurricular performance, post-secondary preparations, graduation, enrollment data and the like.

Child's Name \_\_\_\_\_ Parent/caregiver name \_\_\_\_\_

Parent/caregiver signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Questions

Please tell us why you think your child should be part of Aim High or what you would like us to know about your child.

What would you like your child to achieve or gain by participating in Aim High?

If you would like to share your time or expertise in support of your child's participation, please indicate the best options of those described below:

- |  |  |
|--|--|
| <input type="checkbox"/> Bus stop chaperone (an or pm) | <input type="checkbox"/> Guest Speaker – topic _____                     |
| <input type="checkbox"/> Assist with special events    | <input type="checkbox"/> I have another idea or talent I'd like to share |
- 

### **Contact Us**

Jim Jordan – [jjordan@aimhighstl.org](mailto:jjordan@aimhighstl.org)

Julie Angelica – [jangelica@aimhighstl.org](mailto:jangelica@aimhighstl.org)

Office: 314-432-9500 fax: 314-432-9505

## Student Section

### Short Answer Questions

*Aim High nominees should complete these sections on their own, without significant adult input. Please write clearly and thoughtfully. Answer with complete sentences and to the best of your abilities.*

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

#### ACADEMICS

What subject area do you find to be the most challenging at your school? \_\_\_\_\_  
Why?

What subject area do you find to be the most interesting? \_\_\_\_\_  
Why?

#### EXTRACURRICULAR ACTIVITIES

What clubs or activities (if any) are you involved in at **school** or in **your community**?  
What do you like about them?

1)

2)

3)

4)

**Student Section**  
**Long Answer Questions**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

***Answer each of the following with complete sentences for each question.***

1. Why do you want to join and be part of the Aim High? What is of interest to you?

2. What do you want to do after high school? Why?

3. What kinds of work/careers are you thinking about doing when you are older? Why?

**Student Section**

**Essay Question**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Write at least **3 paragraphs (4 or more sentences per paragraph)** describing:

1) what is important to you, 2) what makes you special and unique and 3) how you will contribute positively to Aim High. Use an extra page if needed.

## **Expectations Agreement**

*To be signed by both student and parent/caregiver*

**Students are expected to uphold core behavior values throughout their participation in the program.**

**Core behaviors involve students demonstrating positive Attitude, Integrity and Motivation at all times. Students are expected to demonstrate the following behaviors:**

- Respect for appropriate authority – to comply with directions given by program representatives (e.g. peer leaders, TAs, teachers and administrators);
- Appropriate use of language – signifies expressions used in either direct or indirect manner to address another community member’s person or character, being respectful of self and others;
- Perfect attendance – Students are expected to be in attendance every day. Students and/or caregivers are expected to inform the Site Director of any student absences with as much prior notice as possible;
- Appropriate contact with other students/staff – contact of a sexually provocative nature OR contact of a physical nature (e.g. pushing, shoving or fighting) is inappropriate and will not be tolerated;
- Honesty – acts of stealing, cheating, lying, or plagiarism signify a lack of integrity and will not be tolerated;
- Appropriate clothing – clothing worn onsite should reflect respect for oneself and others in a high achieving community;
- No possession of weapons –the possession of any items traditionally or commonly used for violent purposes (e.g. knives, guns, etc.) is strictly prohibited;
- No possession of drugs or alcohol – either being under the influence of or the physical possession of unauthorized (unreported prescription drugs), uncontrolled, or illegal substances will not be tolerated.

As an Aim High Achiever, I, \_\_\_\_\_ (student name), agree to participate fully in the program with the best of my Attitude, Integrity and Motivation, while observing the program’s Expectation Agreement by honoring the acts/activities defined above. Any compromise of the Expectation Agreement may result in my suspension or dismissal from the program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian name), agree to support my child’s efforts to observe the program’s major rules.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## AIM HIGH ST. LOUIS Student Nomination Form

<b>Student name:</b>	<b>Current Grade</b>	<b>Date</b>	<b>Student's School ID #</b>
<b>School:</b>			

Thank you for taking the time to support your students! Please complete the following questionnaire (both sides) about the student you are nominating using the scale provided and your thoughts about the student's performance. Your answers should be based on the behaviors the student has most commonly demonstrated in your time together.

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
	Always	Often	Sometimes	Rarely	Never
Actively participates; views academics positively and 1 demonstrates a desire to learn					
2 Asks and answers questions to deepen understanding					
3 Energizes others; is seen as a leader by his/her peers					
4 Works independently; takes initiative					
5 Completes assignments on time; prepared for class					
6 Believes that effort will improve his/her future					
7 Recognizes and shows appreciation for others					
Is able to find solutions during conflicts with others; 8 effectively expresses him/herself					
9 Demonstrates interest in exploring new things/ideas					
Completes work/projects in a timely fashion and with relative 10 quality					
11 Discusses career goals					
12 Achieves beyond stated expectations					
13 Demonstrates general courtesy and kindness towards others					

Thank you! Please turn this is to you school counselor or to any Aim High staff member (info@aimhighstl.org/314-432-9500)

## AIM HIGH ST. LOUIS Student Nomination Form

Please indicate the most current grade (A, B, C, D, or F or their equivalent) achieved in each area:

	<b>Math</b>	<b>Science</b>	<b>English</b>	<b>Social Studies</b>

Total # of days absent from school this year: \_\_\_\_\_ out of \_\_\_\_\_

This student **qualifies** for (check one) free lunch \_\_\_\_\_ reduced lunch \_\_\_\_\_ full pay \_\_\_\_\_

Please comment on this students' strengths and skills that will support her/his long-term success

Please comment on particular challenges or learning/developmental opportunities this student demonstrates

<b>Your Name</b>	<b>Your Title</b>	<b>School</b>

Thank you! Please turn this is to you school counselor or to any Aim High staff member (info@aimhighstl.org/314-432-9500)