

Aim High St. Louis - New Student Application



First _____ Last _____ Date of Birth _____

Address _____

City, State _____ Zip code _____

Student email: _____ @ _____

Student phone: _____ Please circle one: student cell parent cell home phone

Current Grade: _____ Current School _____

Expected Middle School _____ School Student ID # _____

Primary language spoken at home _____

Gender M F

Ethnic identity 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 code _____

Email _____ @ _____ Phone _____

Parent/Caregiver name (2) _____ relationship to student _____

Address _____

City, State _____ Zip code _____

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/father 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:

- Bus stop chaperone (mornings or afternoons) Guest Speaker – topic_____
- Assist with special events I have another idea or talent I'd like to share:_____

Contact Us

Jim Jordan – jjordan@aimhighstl.org
Julie Angelica – 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 fun? 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?

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 become part of the Aim High community?

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

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

Student Section

Essay Question

Student Name _____ Date _____

Current School _____ Current Grade _____

Write at least 3 paragraphs describing 1) what is important to you, 2) what makes you special and unique and 3) how you will contribute positively to the Aim High community. Use an extra page if you need additional space.

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 everyday. 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 participates in the Summer Food Service Program, funded by the U.S.D.A. and administered by the Missouri Department of Health and Senior Services.

**COMPLETE THE INCOME ELIGIBILITY FORM FOLLOWING THE DIRECTIONS BELOW.
OR YOU MAY ATTACH THE MOST RECENT COPY FROM SCHOOL.**

Aim High must provide documentation of our student's eligibility. It doesn't matter if your family qualifies for the free or reduced meal program or not, we must have a copy of this form on hand for all participants, regardless of family income.

Part 1: Children Enrolled in the Program – **List your child who is applying and all current Aim High Achievers in your household. Provide the birth date for each child.** If you currently receive benefits from SNAP Supplemental Nutrition Assistance Program (formerly known as food stamps) or TANF Temporary Assistance for Needy Families, please provide the case number and sign and date the form. You do not need to complete Part 2 if you currently receive SNAP or TANF benefits – you may move on to section 4.

Part 2: Household and Income Information – **List the names of everyone who lives in your household.** Include parents, grandparents, all children, foster children, relatives, and unrelated people who live in your household. Report the monthly income by source for each household member, if any. The income reported on the application must include all income before deductions. **Income to Report:**

Earnings from Employment

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned business or farm

Pensions/Retirement/Social Security

- Pensions
- Social Security and SSI
- Retirement income
- Veteran's payments

Other Income

- Disability benefits
- Interest/dividends
- Income from estates/trusts/investments
- Net royalties/annuities
- Rental income

Foster Child's Income

- Only funds from welfare agency identified for personal use of child (clothing, school fees, etc.)
- Funds from child's family for personal use of child
- Earnings from other than occasional or part-time employment
- Do not count funds from welfare agency for shelter, care, etc.

Welfare/Child Support/Alimony

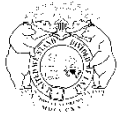
- Public Assistance Payments
- Welfare Payments
- Alimony/Child Support Payments

Part 3: Ethnic and Racial Information – Completion is optional.

Part 4: Signature – **Please sign and date the application. You must include the last 4 digits of your social security number.**

THE SAMPLE FORM ON THE BACK INDICATES SECTIONS TO COMPLETE.

CALL THE AIM HIGH OFFICE AT 314-432-9500, EXT. 3 FOR ASSISTANCE.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 SUMMER FOOD SERVICE PROGRAM
INCOME ELIGIBILITY FORM

EXAMPLE

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program

PART 1 CHILDREN ENROLLED IN THE PROGRAM

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. ***In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.***

NAME (first and last)	BIRTH DATE	FOSTER CHILD	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER
Student Applying				
Current Aim High Student in household				

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	
Parent 1 Name					
Parent 2 Name					
Sibling Name					
Sibling Name					
Other people living in house					

PART 3 PARTICIPANT'S ETHNIC AND RACIAL INFORMATION (Optional)

Hispanic or Latino: YES NO

Race:

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4 SIGNATURE

I hereby certify that all information provided is correct and true and that all income is reported.. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER XXX-XX-_____	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance (TA) Program case number for your household or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR SPONSOR USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Eligibility Determination: Eligible Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 SUMMER FOOD SERVICE PROGRAM
INCOME ELIGIBILITY FORM

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HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 PARTICIPANT'S ETHNIC AND RACIAL INFORMATION (Optional)

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		YEAR	MONTH	2 X A MONTH	EVERY 2 WEEKS	WEEKLY		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Eligibility Determination: Eligible Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE