



Student Application

New Student Returning Student

Applicant Information

Full Name: _____ Student # _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth MM/DD/YYYY: _____ Gender: _____ Age: _____ Grade Level: (9) (10) (11) (12)

High School Name: _____ Language(s) spoken at home: _____

Race/Ethnicity (please check all that apply): Black/African American Hispanic/Latino Caucasian/White American Indian Asian Caribbean/West Indian Other _____
 Citizenship: US/Permanent Resident Undocumented
 Cumulative GPA: 1.5-2.0 2.0-2.5 2.5-3.0 3.0 and up
 Career Interest: _____

Has anyone in the household attended college? YES NO If yes, did they graduate? YES NO Who? Parent Other _____

Have you taken the SAT/ACT? YES NO If yes, list your highest score: ACT _____ SAT _____

Do you currently or plan to participate in extracurricular activities/sports programs during the school year? YES NO
 If yes, please list the activities/sports: _____

CHECK ANY THAT APPLY

- Single Parent Home
- Parent/Sibling has been to Jail/Prison
- Homeless
- First Generation College Student (1st in home to go to college)
- Involved in Protective Services (i.e. DCF, Foster, Adoption)
- Lives with Someone other than Parents
- Lower Income Neighborhood _____
- Someone in Household receives TANF/SNAP
- Involved in Juvenile Justice System or been Arrested
- English is your Second Language _____
- Other _____
- None of the Above Apply

Question

Please complete both questions in the space provided or as an attachment. You must complete entirely in order for your application to be considered.

How did you hear about POPS? What do you hope to gain by participating in the POPS program?

Parent/Legal Guardian Information

1. Parent/Legal Guardian Full Name: _____
Last First M.I.

Cell Phone: _____ Other Phone: _____

Email Address: _____ Relationship to Student: _____

2. Parent/Legal Guardian Full Name: _____
Last First M.I.

Cell Phone: _____ Other Phone: _____

Email Address: _____ Relationship to Student: _____

As a Parent/Guardian, would you be willing: (Please check any that apply)

- CHAPERONE: The role of a chaperone is to accompany POPS staff on field trips, college tours, and other events.
- VOLUNTEER: The role of a volunteer is to assist POPS staff with various tasks (i.e., fundraising, events, workshops, office assistance, food preparation, etc.).
- BOARD MEMBER (NON- VOTING): The role of a board member is to serve on the board for a one-year term and provide insight as to some of the barriers of being a POPS parent and/or student, while advising the board on how the program can be improved.

Required Materials

Please make sure to include with application:

- Last Report Card or Transcript
- \$ 25 Activity Fee
- "Headshot/Selfie" of your Face
- State ID (permit, driver's license, passport) or Picture ID (school id)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to your participation, I understand that false or misleading information in my application or interview may result in my release.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

TO BE COMPLETED BY POPS PROGRAM STAFF

Interviewed by: _____ **Date:** _____

Was this student referred? YES NO If yes, by who? _____

Pre-Survey Completed Shirt Fee: Size (S) (M) (L) (XL) (2X) (3X) (other: _____)

Post Survey Completed Accepted: YES NO

Notes: _____



Authorization for Release of Information

Authorization for Release of Information

Date: _____ Student Number: _____

To Whom It May Concern:

The following student has enrolled in our program. Please send all records including grades, courses taken, test scores, current individual education plan (IEP), and immunization dates.

Student Name: _____ Date of Birth
Last First M.I. MM/DD/YYYY: _____

Parent/Guardian Name: _____ Phone #: _____
Last First M.I.

Name of School Attending: _____

Send Requested Records to

ATTN: POPS Program Staff
925 W. Central Blvd.
ORLANDO, FL 32805
(407) 843-1202
FAX: (407) 843 -1206

Parental Permission

I _____ **(parents name)** give POPS, Inc. my permission on behalf of my and/or my minor child to use reproductions of photographs, images, video images, testimonials and voice recordings for media coverage, marketing materials, recreational brochures, internet, social media, or for any other use deemed appropriate by POPS, Inc. I understand the photographs and images taken belong to POPS, Inc., and I will not receive payment or compensation of any kind.

I _____ **(parents name)** agree on behalf of my student that POPS may use a reproduction of my or my minor child's image through photographic prints videos give POPS staff permission to advocate/act in my absence on behalf of my child administratively and academically.

Parent/Guardian Signature: _____ **Date:** _____

"Our mission is to provide personal and professional development for teenagers who face social and economic barriers that impact the quality of their lives."



Medical Treatment Authorization Form

Student Information

Student Name: _____ Date of Birth MM/DD/YYYY: _____
Last First M.I.

Parent/Guardian Name: _____ Phone #: _____
Last First M.I.

Physician Information

Doctor's Name		Doctor's Phone Number	
Dentist's Name		Dentist's Phone Number	
Insurance	Insurance Phone Number	Policy #	Group #

Medicine Currently Taking

--

Medical History

--

Allergies

--

Emergency Contact

Last Name	First Name	Relationship	Contact Phone

I _____ **(parent)**, the undersigned parent of _____ **(student)** hereby authorize Professional Opportunities Program for Students, Inc. (POPS) to obtain any necessary medical treatment for this student while participating in the POPS program and all associated POPS program field trips during the school year. I further agree to pay any and all cost incurred as a result of said treatment.

Parent/Guardian Signature: _____ Date: _____