



Date of Application: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

First Student's Name: \_\_\_\_\_  
Last First MI

Current Grade: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Current School: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Homeroom Teacher/Counselor Name: \_\_\_\_\_

Hispanic or Latino?:  Yes  No Receives Free/Reduced Meals:  Yes  No

Please check one or more ethnicities:  Black or African American  Asian  
 American Indian/Alaska Native  Native Hawaiian or Other Pacific Islander  
 White

Second Student's Name: \_\_\_\_\_  
Last First MI

Current Grade: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Current School: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Homeroom Teacher/Counselor Name: \_\_\_\_\_

Hispanic or Latino?:  Yes  No Receives Free/Reduced Meals:  Yes  No

Please check one or more ethnicities:  Black or African American  Asian  
 American Indian/Alaska Native  Native Hawaiian or Other Pacific Islander  
 White

Are you the Primary Guardian?  Yes  No Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

State Issuing Driver's License: \_\_\_\_\_ Email Address: \_\_\_\_\_



Secondary Emergency Contact?  Yes  No Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

State Issuing Driver's License: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please answer the following questions in order to complete your application.**

1. What areas of concern do you have regarding your student's reading proficiency, math abilities or general academic performance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How would you best describe the your student's study habits?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How do you feel PGCPs Saturday School will benefit the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please circle your student's performance level**

Reading: Basic Proficient Advanced

Math: Basic Proficient Advanced

Does your son/daughter have an Individual Educational Plan (IEP)?  Yes  No

Please include any information our staff should know about any learning needs, medical conditions, food allergies, IEP, or 504 accommodations that are needed for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



COMMUNITY YOUTH ADVANCE

SATURDAY SCHOOL

**Media Release** - Throughout the school year Community Youth Advance via our partnership with Prince George's County Public Schools will conduct activities that may be publicized through local or national news media. These activities may include interview sessions with news reporters; photographs of individual students or groups of students for newspapers or various school system publications including newsletters, calendars, and brochures; the use of student photos on the Community Youth Advance web site; and videotaping for local and national television news programs, cable programming, and school system promotional videos.

I/we **grant permission** for my/our child's name, voice, and photographic likeness to be used by Community Youth Advance personnel, or reporters, journalists, or photographers employed by news media.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date