



Student Attended the Program Last Year

Last Name First Name Initial Suffix

Address City Zip Code

Student Phone Number Cell Phone Email

Birthdate Grade School Attending Now

UIC / Student ID # Transportation: Walks Bus Drives/Picked Up

Race (Check all that apply)

White

Black/African American

Asian

Native Hawaiian/Pacific Islander

American Indian/Native American

Other

Primary Language

English

Spanish

Other

Bilingual

Yes

No

Gender

Male Female Other

Student has access to technology/Internet:

Yes No

Student Lunch Pricing (Check One)

Receives Free Lunch

Pays Reduced Price for Lunch

Pays Full Price for Lunch

Ethnicity

Hispanic or Latino

Arab or Middle Eastern

Medical Information:

Are there any medical reasons/disabilities that prevent your child from participating in certain physical activities? Yes (List Below) No Allergies

Primary Parent or Guardian Information

Last Name First Name Phone Number
Address City Zip Code Email

Must be signed by Parent/Guardian Lives with student Authorized to Pick Up Student

I hereby give permission for the above student to take part in the Wayne State University C2 Pipeline ("Program") activities, which may include off-campus events, academic assistance, college/career and group counseling, continuing education, recreational programming. If a medical emergency arises, I understand Program staff will secure emergency medical and or emergency surgical treatment for my enrolled child. I understand that I will be responsible for any emergency transportation charges and medical expenses incurred.

I voluntarily give my consent to Wayne State University and those acting to their authority on behalf of the Wayne State University C2 Pipeline Program to record my child's participation and appearance on video tape, audio tape, film, photograph or any other medium during program activities. Any recording/photo or tape may be used by Wayne State University for education and public relations purposes which may include social media or public access websites. I further give my consent for my child's school to share the student's academic records with the Wayne State University C2 Pipeline Program for purposes of providing educational support and assistance. In addition, I understand that Wayne State University will use participant records only to evaluate my child's individual progress and improvement, as well as to evaluate the impact of the program on my child's achievement and to obtain continued funding for the program.

I hereby certify that I have read and do understand the above information, the program rules, and I agree to them.

Signed By _____ Printed Name _____ Date _____