

Student Enrollment Contract and Media Release Form

I _____, do agree to participate in the ReCapturing the Vision Program. In doing so, I also, agree to put forth my best effort in school, attend after-school tutorials and when necessary, come to school dressed appropriately. In doing this, I am agreeing to try and become a more finished young lady/gentleman, which is what I want to be.

Student's Name: _____ Grade: _____ Gender: _____ Age: _____

Address: _____

Telephone: _____ Email: _____

Student's Signature: _____ Date: _____

Address: _____

Ethnicity: Hispanic Non-Hispanic

Race: American Indian/Alaskan Native Asian Black/African American White

Native Hawaiian/Other Pacific Islander

For Adults 19 years and older only:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Committed relationship (not married) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> No Degree or Diploma <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Vocational training <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree/Advanced Degree
Current Income: <input type="checkbox"/> Received food stamps (last 6 months) <input type="checkbox"/> Substantial disability <input type="checkbox"/> Receiving TANF Benefits <input type="checkbox"/> Annual Income: <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,000 <input type="checkbox"/> \$40,000-\$49,000 <input type="checkbox"/> \$50,000-\$59,999 <input type="checkbox"/> \$60,000-\$69,999 <input type="checkbox"/> \$70,000-\$79,000 <input type="checkbox"/> More than \$80,000

I _____, support my daughter's/son's participation in the ReCapturing the Vision Program. As a parent, I will do my best to help my child uphold her/his commitment to become a more finished and disciplined young lady/gentlemen. This letter gives my daughter/son who is a participant of the ReCapturing the Vision Program, my permission to appear in any media endorsements relating to the promotion of this program. I understand that my child's pre-and post-survey results may be used in an ongoing research study to monitor the program's effectiveness and that (s)he will not be identified by name. I waive any liability to the school system, ReCapturing the Vision staff, or Dr. Jacqueline Del Rosario from possible suit due to promotional material

Parent/Guardian Signature Date

ReCapturing The Vision maintains that all articles, media appearances, and research studies will be in good taste

