

Need help getting through high school? Looking for a fun place to go after school? Visit us at The Clearport Learning Center. We offer tutoring, mentoring and a fun environment. Pick up your application at the office of your high school. Registration is free, spaces are limited. Or visit us at: Clearport Learning Center, 210 West Pine Street, Lafayette, LA 70501 (337)534-8398

## STUDENT APPLICATION / REGISTRATION FORM

| The Clearport First Na                  | ne:Last Name:                                                                                         |                                                                                                                                            |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Learning and Career Development Center  |                                                                                                       |                                                                                                                                            |
| Date of Birth:/Scl                      | nool:                                                                                                 | Grade:                                                                                                                                     |
| Student's Email:                        | stu                                                                                                   | ident's cell #                                                                                                                             |
| Parent Portal username:                 | password:                                                                                             | l:                                                                                                                                         |
| Last 5 digits of SSN#, if parent portal | is not set up:                                                                                        |                                                                                                                                            |
| Parent or Guardian Name(s):             |                                                                                                       |                                                                                                                                            |
| Address:                                |                                                                                                       | Home Phone #                                                                                                                               |
| Mother's cell #:                        | F                                                                                                     | Father's cell #                                                                                                                            |
| parent's email:                         |                                                                                                       |                                                                                                                                            |
| EMERGENCY CONTACTS                      |                                                                                                       |                                                                                                                                            |
| Name:                                   | Relationship:                                                                                         | Phone #                                                                                                                                    |
| Name:                                   | Relationship:                                                                                         | Phone #                                                                                                                                    |
| Name:                                   | Relationship:                                                                                         | Phone #                                                                                                                                    |
| Student lives with:Father               | _MotherStep Parents                                                                                   | FosterLegal Guardian                                                                                                                       |
| Primary language:English                | SpanishOther:                                                                                         |                                                                                                                                            |
| Does The Clearport Learning Cen         | ter Program have permission to use photo                                                              | os of your child in educational or promotional materials?                                                                                  |
| (There is no cost.)Yes                  | No                                                                                                    |                                                                                                                                            |
|                                         | v and agree to hold harmless the individuals, of, or in any way related to The Clearport Le           | organization and facilities, The Clearport Learning Center from any earning Center or related activities, including but not limited to any |
|                                         | rport Learning Center staff is authorized to ob<br>and fully understand this is a release of liabilit | btain any medical care of treatment deemed necessary. I have caref<br>ty and I sign it voluntarily.                                        |
| Parent or Guardian Signature:           |                                                                                                       | Date:                                                                                                                                      |
|                                         | rning Center is a <b>FREE</b> program. We are fund                                                    | ded through a private grant. I give permission for The Clearport yzing program effectiveness and reporting to funding sources.             |
| Parent or Guardian Signature:           |                                                                                                       | Date:                                                                                                                                      |

## **INTEREST SURVEY**

| HOBBIES/EXTRACURRICULAR ACTIVITIES:                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| At the Clearport Learning Center, we would like to provide activities and materials that would be best for our students. What are you interested in learning about? What would you like to have available for you to do after school?                                                                                                                                 |
| What days and time do you plan to attend?                                                                                                                                                                                                                                                                                                                             |
| PARENT SURVEY                                                                                                                                                                                                                                                                                                                                                         |
| Does your child qualify for free or reduced lunch? yesno                                                                                                                                                                                                                                                                                                              |
| Does your child have any learning disabilities? yes no If so, do they have an IEP? yes no                                                                                                                                                                                                                                                                             |
| How can we help your child?                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                       |
| What goals and visions do you have for your child?                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                       |
| Describe your vision for a partnership with The Clearport?                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                       |
| Students are allowed to check in and out of The Clearport without a parent being present. We are not responsible for your child once they have left our building. However, students that do not follow their parents' instructions will be suspended.                                                                                                                 |
| Students are required to help with the maintenance of the facilities. This includes, but is not limited to cleaning up and taking out trash, pulling weeds, washing dishes, wiping down tables, and vacuuming. This is to teach our students responsibility and help them to take ownership in the building.                                                          |
| I understand that the Clearport Learning Center requires a commitment to education. Students attending the center must meet academic obligations to use the facilities. Students are also required to follow the code of conduct which will be given at orientation. Your child must have access to their parent portal to review grades before attending the center. |
| Student Signature:                                                                                                                                                                                                                                                                                                                                                    |
| Parent or Guardian Signature:                                                                                                                                                                                                                                                                                                                                         |

Please submit application along with current transcript and report card