



APPLICATION FOR ADMISSION (GRADES K-12)
KANSAS KIDS @ GEAR UP - REGION 3
500 SW Van Buren, PO Box 1424, Topeka, KS 66601-1424



Student Name: _____ SSN: _____ - _____ - _____ Age: _____ Birth Date: ____/____/____
 (Last) (First) (MI)

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Other Phone: _____ Email: _____

This application must be completed in its entirety (front & back) for the student to be eligible for the program.

Personal Information

Male Female

Ethnicity:

American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 White
 Native Hawaiian or Pacific Islander
 Other: _____

U.S. Citizen Yes No

Permanent Resident Yes No

Does the student have limited English speaking ability?
 Yes No

Is the student currently in Foster Care? Yes No

Is the student eligible for the free or reduced lunch program?
 Yes No

What is the size of the family household (including student)?
 1 2 3 4 5 6 7 8+

Please indicate the family taxable income range for the last year:

\$18,130 or less
 \$18,131 – 24,420
 \$24,421 – 30,710
 \$30,711 – 37,000
 \$37,001 – 43,290
 \$43,291 – 49,580
 \$49,580 – 55,870
 \$55,871 – 62,160
 \$62,161 or more

Academic Information

Current School:

 City: _____
 Current grade level: _____

School attended previous year:

 City: _____

Does the student have an IEP?
 (Individual Education Plan) Yes No

Has the student taken the ACT or SAT? Yes No
 If yes, what was the score: _____

Has the student taken the PSAT? Yes No
 If yes, what was the score: _____

Is the student currently failing any subjects in school? Yes No
 If yes, list subjects: _____

Please list any subjects that the student needs help with:

Is the student currently participating in any other tutoring or assistance programs? Yes No
 If yes, please list: _____

Does the student have any special needs? (learning or physical) Yes No
 If yes, please note: _____

Family or Foster Family Information

Relationship: Legal Guardian
 Parent Foster Parent

Parent / Guardian Name: _____

Address: same as above

 City: _____
 St: _____ Zip: _____

Phone: _____
 Email: _____

Social Worker Information

Name: _____
 Agency: _____
 Phone: _____
 Fax: _____
 Email: _____

Emergency Contact Person
other than any person named above

Name: _____
 Relationship: _____
 Phone: _____
 Cell: _____

I certify that all the information I have provided is valid and correct to the best of my knowledge.

Parent / Guardian / Social Worker Signature _____ D: _____

Agency (if applicable) _____ --Please Continue to Ot



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Insurance Provider

Is the student covered by health insurance? **Yes** **No**

If yes, please provide the following information:

Insurance Company: _____ Policy Number: _____

Name of Policy Holder: _____ Policy Type: _____ Expiration Date: _____

Please submit a copy of the student's insurance card with this form.
Lower section to be completed by parent, legal guardian or designated social worker.

Medical Release

I hereby authorize the Kansas Kids @ GEAR UP program (the "Program") to make available to the student any and all emergency medical and dental services deemed necessary or appropriate by the Program (the "Services") upon the occurrence of an "emergency situation" (as determined by the Program in its sole discretion). I hereby voluntarily agree not to sue and agree to release, waive, discharge and hold harmless Wichita State University, the Program and any of their respective successors, affiliates, agents and representatives (collectively, the "Program Parties") with respect to any liability, claims, demands, actions or rights of action for any death, injury, physical or mental damage or any other harm suffered by me or the student in connection with the Services made available by the Program as described in this paragraph. In addition, I will indemnify and hold the Program Parties harmless from and against any and all claims, demands, damages, losses, liabilities, penalties, fines, lawsuits and other proceedings and costs and expenses (including attorneys' fees), which accrue to or are incurred by any Program Party in connection with the Services made available by the Program as described in this paragraph.

Travel Release

I hereby authorize the Program to provide transportation to the student with respect to program activities, including but not limited to campus visits and field trips (the "Transportation"). I hereby voluntarily agree not to sue and agree to release, waive, discharge and hold harmless the Program Parties with respect to any liability, claims, demands, actions or rights of action for any death, injury, physical or mental damage or any other harm suffered by me or the student in connection with the Transportation. In addition, I will indemnify and hold the Program Parties harmless from and against any and all claims, demands, damages, losses, liabilities, penalties, fines, lawsuits and other proceedings and costs and expenses (including attorneys' fees), which accrue to or are incurred by any Program Party (a) in connection with the Transportation, and (b) as a result of any criminal act of malice, vandalism, theft, or other unlawful behavior performed by the student during his/her trips sponsored by the Program.

Authorization for Release of School Records

Pursuant to my signature below, I hereby (a) authorize the Program Parties to inspect and copy any academic, attendance, disciplinary and/or financial aid information relating to the student (the "Information") that is in the possession of any academic or financial institution, and (b) permit any academic or financial institution to disclose to the Program Parties any Information in the possession of such academic or financial institution.

Photo Release

I hereby authorize the Program Parties to use the student's photograph in conjunction with such student's given name (or fictitious name) for reproduction in any medium that the Program Parties see fit for purpose of advertising, display, exhibition or editorial use.

Miscellaneous

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING. I HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THE SERVICES, TRANSPORTATION AND RELEASES DESCRIBED HEREIN AND THE MEANING OF THE RELEASES, WAIVERS AND INDEMNIFICATIONS PROVIDED HEREIN. ALL OF SUCH QUESTIONS HAVE BEEN ANSWERED. I agree to all of the foregoing with the intent to be legally bound on behalf of myself, the student and the spouse or other relatives of myself and/or the student, if any, and to the extent that I am able to do so, any heirs, executors, administrators and assigns. It is intended that if any portion hereof is held invalid, the remainder shall remain in full force and effect.

Any information obtained from this form or the permitted releases will remain solely with the Kansas Kids @ GEAR UP program and will not be transferred to any other individual or agency other than faculty associated with the students school without consent from the person whose signature appears below.

Release Authorization

Please check "yes" or "no" to each of the 4 following releases. See above for explanation of agreement.

Medical Release

Yes **No**

School Records Release

Yes **No**

Travel Release

Yes **No**

Photo Release

Yes **No**

Note: Students are ineligible for the Kansas Kids @ GEAR UP program without granted permission for a School Records Release due to reporting requirements enforced by the United States Department of Education.

Parent / Guardian / Social Worker Signature _____ **Date** _____

Student Name _____ **SSN:** _____ - _____ - _____