Hoke Reading/Literacy Council In-School Enrollment Application

1.	(Child's Last Name)		(First Name)			
2.	Address					
	City	State		Zip Code		
3.	Contact Telephone ()	(Home) ()	(Cell) ()	(Work)	
	Parent/Guardian's Name					
	Child's Birth Date/ Current Age					
6.	Email Address		_			
8.	SexMaleFemale					
	Ethnicity1. Hispanic/Latino2. Non-Hispanic/Latino					
	Race1. American Indian/Alaska Native2. Asian3. White					
	4. Black /African American5. Hawaiian /Pacific Islander 6. Bi-Racial					
10.	Disability Status (Check All A _Mental Impairment		Hearing Impairment			
	Learning Impairment	_Speech Impairment	Visual Impairment			
	_Emotional /Psychological Impai	mentOther Health Impai	rmentN/A			
11.	Last Grade Completed	Last School Attende	Last School Attended			
	Current Grade	Current School				
12.	Referred byChild's Teac	nerRelativeFr	iendSibling in pro	gram		
	Parent of a c	hild in programC	Other (specify)			
Init	tial Interview Conducted by HF	//LC				
Co	mment(s)					
 Paı	rent/Guardian's Signature					

Student's Release & Emergency Form

Child's Name		
Parent/Guardian's Name		
Parent/Guardian's Telephone:	(Home)	(Work)
(Cell)		
*Allergies	* Medical Conditions	
IN CASE OF EMERGENCY, CONTACT: (Inc	lude name and telephone number)	
1		
2		
3		
List the name(s) of individual(s) that will be	e responsible for dropping child off and/o	or picking up from tutoring site
1		
2		
3		
List any individual(s) NOT ALLOWED	to pick child up from tutoring site.	
1		
2		
*In the event of a MEDICAL EMERGENCY will not be the responsibility of HRLC.	HR/LC staff will contact 911/EMS for assi Initials	stance. Any costs involved
I agree that Hoke Reading/Literacy Council to any individual that is not listed on releas		I being released at my request
Parent/Guardian's Signature	Date	

Hoke Reading/Literacy Council (HRLC) MEDIA PERMISSION

To: Parents/Guardians

Occasionally, we have the opportunity to have news media cover stories about activities at Hoke Reading/Literacy Council. It is always interesting to be able to use pictures of the children engaged in various activities to illustrate the story. Reporters may possibly desire to interview the children. We need your permission to allow your child to be included in those types of situations. If you have reservations about having your child being part of these presentations you are free to deny the permission also. We will, naturally, monitor the publication to ensure it reflects positively on your child and HRLC.

CHECK ONE:
I give my permission for my child to be part of presentation and publications that promotes HRLC.
I would prefer that my child NOT be part of any presentations publication.
Student's Name and Grade:
CODE OF CONDUCT: Hoke Reading/Literacy Council will follow Hoke County Schools' Code of Conduct Policy. Your child/children are expected
to obey the rules and regulations of Hoke Reading/Literacy Council while participating in the program. Policy will be enforced if your child/children do not follow policy.
Please initial to verify that you have read and understand the above statement.
ATTENDANCE POLICY: Students are to attend on their assigned days. If your child/children are absent three (3) times without parent/guardian communicating with Hoke Reading/Literacy Council's staff, your child/children will be dismissed from program. Child may be reinstated at the discretion of the Executive Director. Any absences thereafter, the Lexia License will be pulled for remainder of school year and child will be placed on waiting list for next fiscal school year.
Students are required to complete 90 minutes per week.
Please initial to verify that you have read and understand the above statements.
Parent/Legal Guardian Signature:
Date:

THE RELEASE WILL REMAIN IN FORCE UNTIL REVOKED IN WRITING.