

Standardized Test Preparation Course Student Information Form

Crean Lutheran High School

STUDENT INFORMATION

Last Name: _____ First Name: _____
Address: _____
Date of Birth: _____ Phone: () _____
Email: _____ Grade Level: _____

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____
Address: _____
Email: _____ Primary Language: _____
Home Phone: () _____ Cell Phone: () _____

IN THE EVENT OF AN EMERGENCY

Are there any health issues of which we should be aware? Examples: asthma, diabetes, severe allergies, etc. If yes, please indicate below:

Are there any medications your student may need administered during the program? Examples: insulin, inhaler for asthma, etc. If yes, please indicate below:

If an emergency arises, please give us instructions as to how you would like to us to proceed:

- Seek immediate treatment first and then contact parent/guardian
- Contact parent/guardian first to obtain specific instructions

EMERGENCY CONTACT INFORMATION

Physician's Name/Healthcare Provider: _____
Physician's/Healthcare Provider's Phone: () _____

EMERGENCY CONTACT

Name: _____ Relationship to Student: _____
Phone: () _____ Primary Language: _____
Parent/Guardian Signature: _____ Parent/Guardian Printed Name: _____

High School Standardized Test Preparation Agreement

Crean Lutheran High School

By signing below, you acknowledge and agree to official enrollment of your student in The College Blueprint's, LLC standardized test preparation program. We appreciate your understanding of these terms and the quality services they allow us to offer your student and your family. **Parent/Guardian:** please initial in the designated area for each section that you have read and understand the policies for this program.

Scheduling and Attendance

Our test preparation program for your school district is designed to maximize your student's preparation for the test(s). In order for students to fully benefit from our program, we strongly discourage students from missing their sessions.

_____ PARENT/GUARDIAN INITIAL HERE.

Students are responsible for independently registering for their test before the registration deadline. Registration is completed through The College Board website www.collegeboard.org or the ACT website www.act.org. Please forward the official test results to our office once they are received. Instructions to follow.

_____ PARENT/GUARDIAN INITIAL HERE.

Although our program has been very successful, due to a variety of individual circumstances and factors that we cannot control, The College Blueprint, LLC makes no guarantee of score increases.

_____ PARENT/GUARDIAN INITIAL HERE.

Authorization and Signatures

The College Blueprint, LLC (TCB) takes great pride in the services provided and strives for excellence in all areas. Consequently, we incur considerable expense in providing well- trained and highly qualified instructors, a quality program and high quality materials. Your signature below indicates that you will not, during the time your student is enrolled in TCB programs--and for a minimum of two years after the termination of our relationship--solicit or contract with any TCB instructor to provide services to you or your student (or students) other than through The College Blueprint, LLC.

From time to time we may take photographs and/or videos at events, activities, college visits, or workshops in which Student may appear. If YOU agree to grant THE COLLEGE BLUEPRINT, LLC the right to take photographs and/or videos of student in connection with events, activities, college visits, or workshops related to college counseling, and the right for us to copyright, use and publish the same in print and/or electronically, then please initial here.

_____ PARENT/GUARDIAN INITIAL HERE.

The College Blueprint, LLC reserves the right to its materials and does not authorize anyone to copy or exploit these materials in any way, unless written permission is granted by The College Blueprint, LLC. You hereby release and hold harmless The College Blueprint, LLC, its officers, director, agents, tutors, consultants, counselors, teachers and attorneys from any civil and all claims for liability and damages, including attorneys' fees.

By signing below you agree to the terms and conditions outlined on The College Blueprint, LLC Standardized Test Preparation Student Agreement.

_____ PARENT/GUARDIAN INITIAL HERE.

I have read, understand and agree to the terms outlined above. Thank you and we look forward to partnering with you and your student in their test preparation needs.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Parent Email

Date

Student Name

Date

Parent Consent Form

Crean Lutheran High School

Student Name: _____

Parent/Guardian Name: _____

In signing this consent form, I give my child permission to participate in the Standardized Test Preparation Program operated by The College Blueprint, LLC, and sponsored by Crean Lutheran High School. I understand the program guidelines and the commitments that are required of participating families.

I also give permission for the following information to be released to The College Blueprint, LLC:

- Current address and home phone number
- Quarter and semester grades
- Standardized exam scores and district assessment scores

This permission will be in effect from the date this agreement is signed until my child graduates from Crean Lutheran High School or otherwise exits from the Standardized Test Preparation Program. At any time, I may also revoke the release of information in writing. I understand that the information will be used only to monitor my child's educational progress.

Parent/Guardian Signature

Date

Student Signature (if 18 years or older)

Date