

LIVE

A 21st Century Community Learning Center



Learning Beyond The Classroom - Intentional Care And Relationship Building - Valuing Diverse Perspectives -
Exploring All That Life Has To Offers

2024/2025

LIVE: A 21st CCLC Application

Name: _____ Birth Date: _____

Parent/Guardian: _____ Primary Contact Phone # _____

Address: _____ City: _____ Zip: _____

Parent/Guardian's Email address: _____

Student resides with: (Circle One)

Both Parents | Mother | Father | Grandparent(s) | Mother/Stepfather | Father/Stepmother | Foster Parent | Other:

Transportation (Circle One)

Bus Transportation | Pick-up | Car Pool

Fill out the appropriate section below

Bus Transportation to residence, after the program (5:10ish) is offered *for in-district only*.

Does your student need bus transportation after the program? Yes No

Address (if different from above) _____

City _____ State _____ Zip _____

Emergency Contact Information (list at least one)

In case of emergency and we cannot reach the parent/guardian listed above, whom should we contact?

Names _____ Relationship _____ Phone # _____

Names _____ Relationship _____ Phone # _____

This next portion must be filled out by a parent/legal guardian:

What expectations do you have for your student in The LIVE After School Program?

What are your student's strengths?

What are your student's weaknesses?

What activities is your student interested in?

What else should your student's teachers/counselors/administrators know about him/her?

Please place a check beside any forms of assistance which you could offer:

_____ Strongly encourage and enforce consistent attendance

_____ Maintain consistent communication with teachers

_____ Need transportation to and from school if necessary

_____ Speak to classes on your area of expertise

_____ Volunteer for LIVE events

Parent Signature

Date

Administrator Signature

Date

Student Agreement

1. I agree to attend LIVE regularly, as able. When I cannot stay the full duration of the program time, I will do a Check-In with a Mentor or the Program Director.
2. I understand I am responsible for my learning and my behavior. I will consistently strive to make positive choices.
3. I agree to respect myself, my peers, LIVE Mentors and Program Director as well as the school building and its staff.
4. I agree not to use/possess tobacco, alcohol, vapes, or other drugs on school property or while participating in school related activities. In addition, I will not come to LIVE or LIVE events while under the influence of these substances.

By signing below , I understand the following:

- I will strive to meet all expectations set forth by The LIVE After School Program.

Student Signature

Date

By signing this form as the parent/guardian of the student above, I am committing to:

- Working in a cooperative manner with The LIVE After School Program staff, to assist the school in placing responsibility on my student for his/her learning and behavior. I will support school policy and be proactive in communication with the school.

Parent Signature

Date

The LIVE: A 21st CCLC After School Program

Permission Slip

This is a blanket permission slip for activities involving The LIVE After School Program. We will, on occasion, take field trips, go on tours, be involved in community service projects, etc. This permission slip allows your student to participate.

I give my permission for _____ to participate in this school activity and accompany the group on these trips outside the school building.

Parent/Guardian Signature

Date

While participating in school sponsored activities, I will accept the responsibility for maintaining good conduct, and I will follow the directions of administrators and teachers at all times.

Student Signature

Date

Mr. Brian Holland

Alternative Education Director

Return completed application to: The Front Office of RJB or MHS

1 Indian Trail

Gas City, IN 46933