



COLLEGE TRACK 2018-19 ENROLLMENT APPLICATION

Before filling out this application, be sure to have the following information:

- ✔ Contact information of any relatives who are already in the College Track program
- ✔ The email addresses of one or more teachers/counselors who you will be asking recommendations from
- ✔ Family income and guardian/parent contact information

All information provided in this section is to be completed by the student applying to College Track. We will use this information to contact you about an interview so please ensure all information is accurate.

A. PERSONAL INFORMATION

Legal First Name	M.I.	Legal Last Name	
Home Street Address (Line 1)	City		State
Home Street Address (Line 2)	Zip Code		
Student Cell Phone	Student Home Phone		
Student Email Address	Best Way to Contact Student <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text		
Birthdate (MM/DD/YYYY)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		

B. Academic Information

If starting ninth grade in the fall, please enter Middle School as Current School

Current School	What is your middle school GPA?
Intended High School	
What extra-curricular activities do you participate in?	
<input type="checkbox"/> Academic programs	<input type="checkbox"/> ROTC/JROTC
<input type="checkbox"/> Athletics	<input type="checkbox"/> School-sponsored clubs
<input type="checkbox"/> College & career prep	<input type="checkbox"/> Other clubs/groups outside of school
What is your educational goal?	
<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> 2-year college
<input type="checkbox"/> Technical or trade school	<input type="checkbox"/> 4-year college
<input type="checkbox"/> Other	<input type="checkbox"/> Masters degree, Ph.D., or other advanced degree

C. Primary Guardian Information

All information provided in this section is to be completed by the parent or guardian of the student applying to College Track. We will use this information to contact you about your child's involvement in College Track. Please ensure all information is accurate.

Guardian 1

Guardian 1: First Name	Guardian 1: Last Name	
Street Address (Line 1)	City	State
Street Address (Line 2)	Zip Code	
Guardian 1: Cell Phone	Guardian 1: Work Phone	

Guardian 1: Email Address	How are you related to the student?
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What language do you primarily speak at home?

English - Fluent Cantonese Korean Other
 English - Basic Mandarin _____
 Spanish Vietnamese

<p>Current Employment</p> <input type="checkbox"/> Full-time occupation <input type="checkbox"/> Part-time occupation <input type="checkbox"/> Not working <input type="checkbox"/> Disabled <input type="checkbox"/> Other _____	<p>Highest Level of Education</p> <input type="checkbox"/> Did not start or finish high school <input type="checkbox"/> High school degree <input type="checkbox"/> Some college <input type="checkbox"/> Vocational school degree <input type="checkbox"/> 2-year college degree <input type="checkbox"/> 4 year college degree <input type="checkbox"/> Graduate degree
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Occupation	Degree obtained in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Check all that apply to Guardian 1

<input type="checkbox"/> Authorized to pick student up	<input type="checkbox"/> Receives Student Mail
<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Primary Contact
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Lives with the student

Guardian 2

Guardian 2: First Name	Guardian 2: Last Name	
Street Address (Line 1)	City	State
Street Address (Line 2)	Zip Code	
Guardian 2: Cell Phone	Guardian 2: Work Phone	
Guardian 2: Email Address	How are you related to the student?	

College Track serves motivated students who may lack the resources (financial and/or academic precedent) to complete college. We are required to verify household income because of the funding we receive. All information is confidential and is only used in the aggregate (no individual information is shared with any outside entity).

How many people live in your household? _____	What is your household's annual income? \$ _____
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End of Section C.
Proceed to Teacher Recommendations and Section D on the next page.

Teacher Recommendation Request

Please choose teachers you would like recommendations from and enter their information below.

Teacher Full Name	Teacher School
Teacher Email	Do you authorize us to email your teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No

D. Release of Confidential Information to Authorized Persons/Organizations

Student's Legal First Name		Student's Legal Last Name	
Student's Birthdate	Middle School	High School	
Expected High School Graduation Year	Student's School ID Number	Student's State ID Number (CSIS #)	
Parent/Guardian Signature			

- I. I hereby give permission for my child to participate in the activities of College Track. I have read the information about College Track and I am in support of my child's participation. I will allow College Track to transport my child to and from College Track sponsored activities and their office, located at the College Track Center: 4301 3rd Street, San Francisco, CA 94124.
- II. I hereby grant College Track and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish my child's first name and initial to last name and all image and personality rights, including film, photograph, tape or video reproduction (together, "Materials") in which my child may be included, for editorial, trade, advertising, website marketing and any other purpose and in any manner and medium (now existing or hereafter developed); to alter the same without restriction; and to copyright the same. I hereby release College Track and its legal representatives and assigns from all claims and liability relating to said Materials.

Guardian Initials _____

Even if my student is not accepted into the College Track program,

- III. I hereby authorize College Track to access data from the District as well as have access to and make copies of my child's high school records (grades, test scores, attendance, enrollment) through the completion of high school and into post-secondary education.

- IV. I further authorize College Track to request, share and use all information held by College Track and its partners relating to me, with all higher education institutions and program partners for the purposes of enhancing my chances of graduating from college. This includes, but is not limited to, personal information (such as my name, mailing address, email address and date of birth), high school and college academic information (such as my high school courses, grades, test scores, college transcripts), financial information (such as any scholarships, financial aid and grants awarded to me), my recorded image and voice, and my applications, admissions, enrollment, attendance and academic status at higher education institutions (together, "My Information").

- V. College Track monitors the progress of applicants and participants to better evaluate the effectiveness of its high school and college program in light of its charitable mission. As part of the monitoring process, College Track may share "My Information" with researchers and funders. I understand that College Track will take appropriate steps designed to secure and protect this information, to keep it confidential, and to prevent others from connecting it to me. To the extent possible, except as set forth in this form, any information that could identify me will be removed or changed before such information is shared with other researchers, organizations, or institutions and before any research results are made public in an aggregated form.

Any waiver, modification or amendment of this form will be effective only if acknowledged and agreed to by College Track. Further, I understand that College Track will maintain a record of this form, that I am entitled to request and receive a copy, and that I may wish to make a copy of this form for my own records. This form will be governed by and construed in accordance with the laws of the State of California.

College Track is a California Public Benefit organization (501(c)3).

E. Informed Consent for Wellness Services

Welcome to our Wellness Program! We developed our Wellness Program in response to the difficulties our students sometimes have in persisting with their dreams, not because of academics or capability, but because of life stressors. Our Wellness Program: Wellness Director, Wellness Interns and/or Wellness Community Partners are here to support you to develop self-management skills to most effectively work with your feelings, relationships, stress, and decision-making.

It is the job of the Wellness Director and our Wellness Interns to support you to be your healthiest and most capable self. We will serve as mentors, coaches and educators to you in helping you to realize your dream of a college education. We want you to succeed and know that you can do it!

Our Wellness Director is a licensed mental health professional and our Wellness Interns are graduate students in mental health fields. If you need more support than the mentorship that we can provide you with, we will schedule a family/caregiver meeting to discuss options for getting you the support that you need. Wellness is embedded in everything that we do at College Track and we bring evidence based programming forth to help you become your healthiest and best self.

Please note that our Wellness Program at College Track does not diagnose or treat mental illness. We refer our students who need those services out to our community mental health partners. Wellness at College Track utilizes a strengths-based, present-focused and educationally oriented coaching approach to developing the Wellness capacity and social/emotional learning for our scholars.

It is your right to know the following:

MEETINGS: You and your Wellness Director or Wellness Intern will work together to create a meeting schedule that works for you and suits your needs. We want you to know that the more that you meet with Wellness staff, the more that you will have the opportunity to learn about yourself and grow. Wellness staff meet with students 1:1, in groups and through Student Life workshops to work on building your Wellness capacity through conversations and coaching, expressive arts, psycho-education, experiential activities and group opportunities.

Know that you are the driver of this process. You are responsible for you. You get to decide what you'd like to work on and talk about in your Wellness meetings. The

things that you struggle with and that frustrate you are great places to start Wellness conversations.

Know that the time to work with and talk to your Wellness staff is during College Track's open hours. We don't have any kind of emergency facilities if you have a crisis. If you are having a particularly hard time outside of College Track's business hours, you will need to contact your trusted family members and/or other networks for support. We will help you develop a resource list if you anticipate having this need. Crisis resources are posted at College Track in all the bathrooms and we encourage you to take a picture of this list on your phone just in case you (or a friend or loved one) ever need it and put the phone numbers into your phone. Crises are generally not something that we plan for and it's good to be prepared. The general national crisis hotline number is 800-273-8255.

CONFIDENTIALITY AND ITS LIMITS: You have a right to share what's going on in your life privately with Wellness Staff, but your parents/guardians still have a right to know about any safety concerns about you. Also, the Wellness Team works as one unit in terms of sharing confidential information, as it is in your best interest to have full advantage of the Wellness Team's expertise. The Wellness Team meets weekly to learn from each other and to discuss your specific needs. College Track program staff, from all departments, regularly work together to strategize how best to support you. They need to know what's going on with you. We promise to hold what you share with us with the utmost respect.

We don't voluntarily share any information with anyone outside of College Track about students except with appropriate parties (such as Wellness Interns) unless you have signed a release giving us permission to do so, or if there is a health or safety emergency or if there is a valid legal subpoena pending. In order to ensure that College Track students are fully resourced for college, the Wellness department administers regular social/emotional learning and wellness assessments to ascertain student levels of well being, identify growth areas and strengths as well as to track student progress in SEL/wellness skill acquisition. In addition, College Track Organizational Performance staff prepare reports with general Wellness Data. These reports help us to improve the services that we provide to students, track student growth and development in key wellness areas and do not contain specific case notes or identifying student information.

MANDATED REPORTING: You need to know that all College Track staff are mandated reporters. This means that our primary concern is your safety and the safety of others. If a College Track staff hears that you or someone you know is in imminent danger, or may cause another to be in imminent danger, we are required

by law to take action to keep you/another safe and report it to the appropriate authorities. Safety issues include but are not limited to: abuse or neglect of children or elderly (including minors witnessing abuse), and suicidal or homicidal intent.

FEES: Wellness services are provided completely free of charge for College Track scholars and are part of our site wide program offerings here at College Track. We believe in the value of Wellness work.

WELLNESS STAFF QUALIFICATIONS: Wellness Directors are licensed graduate mental health professionals in the fields of counseling, social work, or marriage and family therapy. They are not diagnosing or treating mental illness - they coach, they educate, and they provide tools around social/emotional learning and wellness best practices. All Wellness Interns and their work with College Track students are supervised by Wellness Directors. At the beginning of each academic year, or if we have a change in our Wellness staff, we will send out information about our new Wellness staff so that you know who's on the team and what their credentials are. You do not have to sign a new Disclosure and Informed Consent Agreement every time that we have a Wellness staffing change unless you want to. Signing this form gives us your permission to engage with our Wellness services as explained herein throughout the course of your College Track journey.

CURRENT WELLNESS DIRECTOR: Jenell Thompson
Their Licensed Professional Counselor number is 29265. If you have concerns about your Wellness Intern or the Wellness Program, please contact Jenell at jthompson@collegetrack.org or stop by their office to talk. They would love to hear from you. If you have further concerns after speaking with Jenell, you may contact the Site Director, Anesha Grant at agrant@collegetrack.org.

I have carefully reviewed this form and understand my rights. I agree to these terms and understand that this Wellness Program Disclosure and Informed Consent is in effect as long as I am a College Track student. I also understand that I may rescind this agreement at any time by requesting to do so in writing.

Student Name (First and Last)	Date
Parent/Guardian Signature	Date

Student Assent to Participate in the Evaluation of the College Track Program

College Track would like to evaluate how well the College Track Program is working and has contracted Mathematica Policy Research, Inc. to do the evaluation. As a part of the evaluation, we would like your permission to collect some information, like your College Track enrollment application, scores from tests administered by the College Board (such as the SAT or AP exams), scores from tests administered by ACT, Inc. (such as ACT or PLAN), and postsecondary records from the National Student Clearinghouse.

All the information you give will be kept confidential and used only for the evaluation. Your name will never be used in reporting the results of the evaluation.

We will also ask your parent/guardian(s) about your participation in this evaluation, but you can still decide at any time not to participate if you don't want to. If you choose not to participate in this evaluation, you will not be eligible to participate in the College Track Program. Agreeing to participate in the evaluation does not guarantee admission to the College Track Program.

If you have any questions about the evaluation, please feel free to call Sarah Crissey at 510-285-4640. If you have any questions about your rights as a research volunteer, please call the Health Media Lab Institutional Review Board at 202-753-5040.

I have read the above information and **I want to participate.**

I hereby authorize ACT, Inc. ("ACT") to release any and all test score reports to Mathematica for the purpose of evaluating the College Track Program. This authorization is effective immediately and will remain in effect until revoked by me in writing. I hereby release and hold harmless ACT and its agents from any and all liability that may result from, arise out of, or be related in any way to any disclosure of records or information pursuant to this AUTHORIZATION TO RELEASE PERSONAL INFORMATION.

Check the boxes above and please sign your name on the line below.

Signature

Date

Print Name

Evaluation of the College Track Program

Permission to Collect Data for the Sole Use of the Evaluation

Study Purpose

College Track would like to evaluate how well the College Track Program is working and has contracted with Mathematica Policy Research, Inc. (“Mathematica”) as an independent evaluator. Mathematica will collect student data, including information from the College Track enrollment application, SAT and ACT scores, and postsecondary records from the National Student Clearinghouse. The information we collect will help us understand the outcomes of College Track applicants. Please indicate below if you give Mathematica permission to collect the following information on your student for this evaluation. Your participation in the evaluation is voluntary and you or your student may change your mind at any time. If you choose not to participate in this evaluation, your student will not be eligible to participate in the College Track Program. Agreeing to participate in the evaluation does not guarantee admission to the College Track Program.

Confidentiality

Mathematica has strict procedures to store data securely and ensure the confidentiality of your child’s information. The information you provide will be used only for the evaluation. Your name and your student’s name will never be used in reporting the results of the study.

Please sign here to indicate your understanding of the study components as stated and your willingness to cooperate with this data collection effort.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN NAME: _____ **DATE:** _____

If you have any questions regarding this study, please contact Sarah Crissey at 510-285-4640 or SCrissey@Mathematica-Mpr.com. If you have any questions about you and your child’s rights as research volunteers, please call the Health Media Lab Institutional Review Board at 202-753-5040.

Data Collection

College Track Enrollment Application

We would like to request your student’s enrollment application for the College Track Program. This will allow us to identify applicants to the program and will provide some background information on applicants.

Initial here: _____ **YES, I will ALLOW the release of the enrollment application for the College Track Program for the purpose of this evaluation.**

College Board Test Scores

In the future, if your student takes tests administered by the College Board (such as the SAT or AP exams), we would like to request your student’s scores from the College Board. In order to obtain this information, we will need to share some personal information with them.

Initial here: _____ **YES, I will ALLOW Mathematica to share my student’s personal information with the College Board in order to gain access to his/her test scores.**

ACT Test Scores

In the future, if your student takes tests administered by ACT, Inc. (such as the ACT or PLAN), we would like to request your student's scores from ACT, Inc. In order to obtain this information, we will need to share some personal information with them.

Initial here: _____	YES, I will ALLOW Mathematica to share my student's personal information with ACT, Inc. ("ACT") in order to gain access to his/her test scores.
	I hereby authorize ACT to release any and all test score reports to Mathematica for the purpose of evaluating the College Track Program. This authorization is effective immediately and will remain in effect until revoked by me in writing.
Initial here: _____	I hereby release and hold harmless ACT and its agents from any and all liability that may result from, arise out of, or be related in any way to any disclosure of records or information pursuant to this AUTHORIZATION TO RELEASE PERSONAL INFORMATION.

Postsecondary Records

We would like to request your student's postsecondary records from the National Student Clearinghouse, which is a non-profit organization that facilitates the exchange and understanding of student enrollment and related information. Data we will collect may include information on enrollment in two- and four-year colleges, degree and major type, and completion. In order to obtain this information, we will need to share some personal information with them.

Initial here: _____	YES, I will ALLOW Mathematica to share my student's personal information with the National Student Clearinghouse in order to gain access to his/her postsecondary records.
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Information for Releasing Student Data

Please provide us with the following information so that your records can be released to Mathematica Policy Research, Inc. for the purpose of the Evaluation of the College Track Program.

PLEASE PRINT

Q1. What is your student's name?

FIRST NAME	MIDDLE INITIAL	LAST NAME

Q2. What is your student's Social Security number? (optional)

|_|_|_| - |_|_| - |_|_|_|_|_|

Q3. What is your student's gender?

Female

Male

Q4. What is your student's date of birth?

Month	Day	Year							

Q5. What is the name and address of the high school your student plans to attend?

HIGH SCHOOL NAME: _____

CITY: _____ STATE: _____