



# COLLEGE TRACK 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		

Citizenship Status (This information will be kept confidential) <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other <input type="checkbox"/> U Visa	What is your country of birth?
What language do you primarily speak at home? <input type="checkbox"/> English - Fluent <input type="checkbox"/> English - Basic <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other _____	Ethnic Background (Check all that apply) <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Latino/Chicano <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to State _____
<p><b>Do any of these apply to you?</b></p> Are you an orphan and/or ward of the court? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an English Language Learner? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you need special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>College Track Student Or Alumni Relative Information</b></p> Are you related to a current College Track student or CT Alumni? If yes, please enter information for relatives of yours that are current or former College Track students.	
Relative Full Name	Relationship to Applicant
Relative Email	Relative Mobile Phone

**End of Section A.**  
**Proceed to Section B on the next page.**

## 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?	

What language do you primarily speak at home?	
<input type="checkbox"/> English - Fluent	<input type="checkbox"/> Cantonese
<input type="checkbox"/> English - Basic	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Korean	<input type="checkbox"/> Other
_____	
Current Employment	Highest Level of Education
<input type="checkbox"/> Full-time occupation	<input type="checkbox"/> Did not start or finish high school
<input type="checkbox"/> Part-time occupation	<input type="checkbox"/> High school degree
<input type="checkbox"/> Not working	<input type="checkbox"/> Some college
<input type="checkbox"/> Disabled	<input type="checkbox"/> Vocational school degree
<input type="checkbox"/> Other	<input type="checkbox"/> 2-year college degree
_____	<input type="checkbox"/> 4 year college degree
	<input type="checkbox"/> Graduate degree
Occupation	Degree obtained in the US?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
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: 1877 Bay Road, East Palo Alto, CA 94303.
- 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).

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