



Florida Department of Education

**BARRY UNIVERSITY- CARE Center  
COLLEGE REACH-OUT PROGRAM  
11300 NE 2<sup>nd</sup> Avenue  
ADSOE-Powers Building  
Miami Shores, FL 33161  
Office (305) 899-3859**

**STUDENT APPLICATION**

**I. Student Information:**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a new College Reach-Out Program participant? Yes \_\_\_\_\_ No \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Ethnicity: (Please check one of the following below)**

African American	White	Hispanic	Asian	Native American	Other (Please Specify)/Multi-Cultural

**II. School Information:**

Name of School: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Enrolled in Free/ Reduced Lunch Program at School?		Current Grade Level Please check one.							Grade Point Average (GPA)
Yes	No	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	

**For current high school students only:** Do you plan to attend college/university? \_\_\_\_\_ Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No

If yes or maybe, where? \_\_\_\_\_

If no, why not and what would help you change your mind? \_\_\_\_\_

If you answered yes, when will you (or when did you) apply to this college or university? \_\_\_\_\_



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III. Parents and Guardians in Household:

Name:	Highest Level of Education: (Please check one for each family member)						Annual Income:
	Not High School Graduate	High School Graduate	Associate's Degree	Bachelor's Degree	Master's Degree	Doctorate Degree	
Please write names below, only for those living in the household:							
Mother:							\$
Father:							\$
Guardian:							\$
Guardian:							\$
							Total: \$

Total number of people living in your household: \_\_\_\_\_

Parent/Legal Guardian (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Relationship to the Student (please be specific): \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact (not living in house): Name: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Is your family currently receiving public assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your family participating in Work and Gain Employment Self-Sufficiency (WAGES)? \_\_\_\_\_ Yes \_\_\_\_\_ No

IV. Student Personal Statement:

Please explain why you want to participate in Barry University's College Reach-Out Program? (Use separate sheet if necessary):

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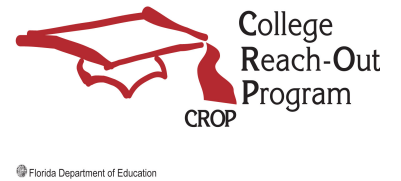
**Student Agreement:**

By signing below, (1) I understand that Barry University's College Reach-Out Program is an educational and personal enhancement program; (2) I agree to fully participate in the activities and events scheduled; and (3) I agree to remain crime and drug free.

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



**V. PARENTAL/GUARDIAN CONSENT:**

**I, the parent/guardian of \_\_\_\_\_ (student and also hereinafter referred to as “applicant”):**

1. Consent to the applicant’s participation in the program activities i.e. counseling, tutoring, field trips, and summer programs.
2. Give permission for copies of the applicant’s school transcripts and records to be released to **Barry University’s College Reach-Out Program**.
3. Understand that my parental involvement is crucial to my child’s success in the program.
4. Release, waive, discharge, and relinquish **Barry University’s College Reach-Out Program**, and their officers, and employees from any liability, loss, damage, claim, demand or cause of action against them attributable to the applicant’s participation in activities, whether same shall arise by their negligence or otherwise.
5. Agree that photographs, pictures, slides, or videos of the applicant may be taken in connection with his or her participation in events or activities without compensation from **Barry University’s College Reach-Out Program** and consent to the use of photographs, pictures, slides, movies, or videos for any program marketing and promotional purposes.
6. Assume any and all risks of personal injuries to the applicant and authorize a representative of **Barry University’s College Reach-Out Program** to contact a licensed physician to render any medical treatment that may be deemed necessary for the applicant or to take and admit him/her to any hospital.
7. Understand that I and/or the applicant may be asked to complete **Barry University’s College Reach-Out Program** materials (surveys, pre and post measures, assessments, program instruments) for training, educational and research purposes only.
8. Understand that **Barry University’s CARE Center** owns all **College Reach-Out Program** material collected (electronic recordings surveys, pre and post measures, assessments, program instruments) and become part of its archival data to be used for training, educational, and research purposes only.
9. Understand that if **Barry University’s College Reach-Out Program** archival material (electronic recordings surveys, pre and post measures, assessments, program instruments) is used for research and its results are made public, information that identifies the applicant will not be used.

**I have read this document and understand that by signing below, I hereby release Barry University’s College Reach-Out Program and its representatives from any and all claims and causes that may arise from the applicant’s participation in the program and sign voluntarily.**

\_\_\_\_\_  
Parent’s/Guardian’s Name (Print)

\_\_\_\_\_  
Parent’s/Guardian’s Signature

\_\_\_\_\_  
Date