



FUTURE LEADERS LIBERTY PARTNERSHIPS PROGRAM APPLICATION



The Liberty Partnerships Program provides students with services designed to improve academic performance and enhance students' potential for personal and academic success.

Student Name: _____ Date of Birth: _____

Gender: M [] F []

Student ID #: _____ School: _____ Grade: _____ Age: _____

Address: _____

Street, City, State, Zip Code

Student Phone Number: _____ Student E-mail address: _____

Ethnicity: _____ Black/non-Hispanic _____ White/Non-Hispanic _____ Asian/Pacific Islander _____ Hispanic/Latino _____

Native American/Alaskan Native _____ Other _____

Parent Information

Parent/Guardian Name: _____ Relationship: _____

Cell Phone: _____ Other Phone: _____

E-mail address: _____

Address (if different from above): _____

Street, City State Zip Code

Best way to be contacted by Liberty (Check all that apply): _____ Call _____ Text _____ Email _____ Mail _____

Emergency Contact Information

Name: _____ Relationship to student: _____

Cell Phone: _____ Other Phone: _____

Records Authorization

I (we) _____ authorize Niagara County Community College's Liberty Partnerships Program (NLPP) to obtain and review school records, which includes but is not limited to report cards, social/emotional assessments, Indigo report, transcripts, attendance records, discipline referrals and college acceptance letters, or any other relevant materials and assessments; understanding the records will be used in planning appropriate support services for my son/daughter. I (we) understand that all information obtained will remain confidential. I grant NLPP, the right to take photographs and /or videotape my child in connection with NLPP activities and/or services. I agree that NLPP may use such photographs of my child for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

"For our Youth, For our Future"

Signature of Parent/Guardian: _____ Date: _____

This form must be signed by at least one parent/guardian who is legally responsible for the child.

Signature (Guidance Counselor): _____ Date: _____

NLPP Office Use

Eligibility: 1 2 3 4 5 6 7 8 9 10 11 12: _____ F/R Yes _____ No _____

Signature (Project Director): _____ Date: _____