



#CAPSM Program

Student Application Form



Twenty Pearl Foundation, Inc., a 501(c)(3) is working together with
Alpha Kappa Alpha Sorority, Incorporated[®]
 LAMBDA TAU OMEGA CHAPTER

INSTRUCTIONS: Complete pages 1-3. Once completed use the submit button on the lower right corner on page 3. If you are having any issues using this form or have any questions, please email us at: cap@ltoaka.org

APPLICANT INFORMATION

Name:

Last Name

First Name

Middle Initial

Address:

Street

City

State

Zip

Contact:

Phone Number

Cell Number

Email

Date of Birth:

MM/DD/YY

Gender: Male Female

Grade Level:

9th Freshman 10th Sophomore 11th Junior 12th Senior

High School Name:

Address:

Street

City

State

Zip

Current GPA (if applicable) Cumulative GPA:

Applicant T-Shirt Size:

Adult XS S M L XL

Please identify food allergies:

Please list health conditions and/or concerns:

Is your child a diverse learner? Yes No If yes, please specify:

PARENTAL/LEGAL GUARDIAN INFORMATION

Name:

Last Name

First Name

Middle Initial

Address:

Street

City

State

Zip

Phone Number/Email:

EMERGENCY CONTACTS

Name:

Last Name/First Name

Phone Number/Email

Name:

Last Name/First Name

Phone Number/Email



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PARENTAL CONSENT & RESPONSIBILITY

As the parent or legal guardian of:

(hereinafter to as "she" or "her" or "he" or "his"), I hereby certify and affirm the following:

1. I am legally entitled to give consent for her/his participation in the #CAPSM program.
2. I acknowledge that she/he will be enrolled in 11th or 12th grade in good academic standing.
3. I am aware that upon application to the #CAPSM program, I must provide a copy of her/his most recent grade report.
4. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
5. I understand that she/he will be involved with workshops which may also include community service and cultural enrichment activities.
6. I understand that it is my responsibility to make sure that she/he is present at all scheduled activities.
7. I authorize permission for her/him to attend all #CAPSM excursions that are off-site from the regular meeting place.
8. I understand that guests (i.e. younger siblings, friends, un-enrolled students) should not attend meetings or activities without prior consent or knowledge of the #CAPSM program personnel.
9. I understand that her/his admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
10. I authorize the #CAPSM program personnel to transport her/him (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
11. I understand that she/he may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Inc.[®], Lambda Tau Omega Chapter and the #CAPSM program personnel in print or electronic media used to promote the program.
12. I understand that as the parent or legal guardian, I may be called upon to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
13. I relieve Alpha Kappa Alpha Sorority, Inc.[®], Lambda Tau Omega Chapter and the #CAPSM program personnel from any liability that may arise during her/his involvement in the #CAPSM program meetings and activities.
14. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc.[®], Lambda Tau Omega Chapter and the #CAPSM program personnel.
15. Termination of a student's involvement in #CAPSSM will be in writing.

By affixing my signature below, I certify that I have read all of the above information and agree with the provisions and my role and responsibilities.

Parent/Legal Guardian Printed Name:

Relationship to Applicant/Participant:

Parent/Legal Guardian Initials (*ACTING AS A DIGITAL SIGNATURE*):

Date:

Phone Number/Email:



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STUDENT CODE OF CONDUCT & RESPONSIBILITY CONTRACT

As a participant of the #CAPSM program:

1. I agree to abide by the rules and regulations set forth by the #CAPSM personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all #CAPSM personnel.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will provide a copy of my recent grade report with the application and upon request of the #CAPSM personnel.
5. I will remain in good academic standing.
6. I understand that I must notify the #CAPSM program personnel of any absence from Program activities.
7. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent's written consent.
8. I will participate in workshops and activities to the best of my ability.
9. I will be fully engaged in attending program meetings and activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the #CAPSM program personnel.
11. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
12. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Inc.[®], Lambda Tau Omega Chapter and the #CAPSM program personnel in print or electronic media for promotion of the program.
13. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc.[®], Lambda Tau Omega Chapter and the #CAPSM program personnel.
14. I will evaluate the #CAPSM program when requested.

By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of the #CAPSM program.

Student/Applicant Printed Name:

Student/Applicant Initials (*ACTING AS A DIGITAL SIGNATURE*):

Date:

Phone Number/Email:

In addition to completing this form, please also forward a copy of the Applicant's most recent grade report to cap@ltoaka.org. This application will be digitally sent to #CAPSM program personnel. Please ensure that you have completed all fields accurately and to the best of your knowledge/ability. Thank you!

SUBMIT