



Lakeview Campus  
16 Lakeview Park  
Rochester, NY 14613

# EnCompass APPLICATION

After School Academic Enrichment Program

October 8, 2019 – March 19, 2020

Wayland-Cohocton Middle School – 3:20-5:20 T,W,Th

## LEARNER INFORMATION

Learner Name: \_\_\_\_\_ Gender:  Male  Female  
First MI Last Nickname

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Please check one box: My child will be picked up after the program  or My child will ride the 5:30 sports bus run after the program

If your child will be picked up after the program, please indicate below who your child can be released to.

Name of person(s) authorized to pick up my child:	Relationship to student:

Telephone #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School: Wayland-Cohocton Student ID: \_\_\_\_\_

Primary Language:  English  Spanish  Other: \_\_\_\_\_ Language Spoken at Home:  English  Spanish  Other: \_\_\_\_\_

Academic Support:  IEP  504 Plan  AIS  ESL  Other: \_\_\_\_\_ Special Ed Classification: \_\_\_\_\_

Medical Condition(s) we should be aware of: \_\_\_\_\_ Allergy: \_\_\_\_\_ Current Medication: \_\_\_\_\_  
 Allergy: \_\_\_\_\_ Current Medication: \_\_\_\_\_

### FOR DATA REPORTING PURPOSES ONLY

Race:  Asian/Pacific Islander  Black/African American  Native American  White  Other: \_\_\_\_\_ Ethnicity:  Latino/Hispanic  Not Latino/Hispanic

## PARENT, CARETAKER OR GUARDIAN INFORMATION

Name: \_\_\_\_\_  
 Relationship to Learner:  Mother  Father  Other: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  
 Check here if same as learner's address. Please include all additional telephone numbers.  
 Address: \_\_\_\_\_  
 Home #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work #: \_\_\_\_\_  
 \*Authorized for Pick-up  Authorized to Receive EnCompass Student Assessment Results

Name: \_\_\_\_\_  
 Relationship to Learner:  Mother  Father  Other: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  
 Check here if same as learner's address. Please include all additional telephone numbers.  
 Address: \_\_\_\_\_  
 Home #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work #: \_\_\_\_\_  
 \*Authorized for Pick-up  Authorized to Receive EnCompass Student Assessment Results

*\*If you have not told us in advance, we will not release the child for pick-up to someone other than the listed parent or guardian. Please inform us by recording in the chart at the top of the page any alternative authorized person(s).*

### Permission and Releases:

I give Encompass: Resources for Learning permission to review the school records of my child, who is enrolled in an EnCompass Program.  
 I give permission for Encompass: Resources for Learning to photograph my child for use in reports, publications, and displays that may be made public.  
 No last names will be used for privacy reasons.  
 I give permission for my child to participate in the EnCompass program and associated activities.  
 I certify that the information I have provided is accurate and complete.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** – *An emergency contact is someone other than the numbers listed above.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**STUDENT RELEASE INFORMATION** – *In the interest of protecting our learners, we need to know who is privileged to information about the student's progress.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  Release of Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  Release of Information

Describe what you hope the learner will gain from the EnCompass program.

What are your child/learner's strengths and areas of needs?

Please share any additional information to promote the success of your child/learner.

**THANK YOU!**

*We look forward to working together for your child's success.*

**\*Please return this form to the Middle School Office - Attention: Anne Baker**

**Applications are due by Monday, September 16, 2019.**

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**\*\*Office Use Only\*\*** Date Application Received: \_\_\_\_\_ Date Application Entered: \_\_\_\_\_ Notes/Transportation Info: \_\_\_\_\_