



Student Application Form 2015 - 2020

Student Information

Last Name _____ First Name _____
Address _____ Apt # _____ City _____
State NY ZIP _____
Grade _____ School _____
Date of Birth _____ Primary Language _____
Gender (circle one) Male Female Ethnicity _____
Emergency Contact Name _____ Emergency Contact Number _____

The following services will be offered to your child, some in middle school and others in high school

Homework Help/Tutoring Mentoring Summer Programs
 Academic Enrichment (Math) Counseling Financial aid Counseling
 Academic Enrichment (Language Arts) College Tours College Application Assistance

Parent Information

Last Name _____ First Name _____
Address (If different) _____ Apt # _____ City _____
State NY ZIP _____
Primary Language _____ Email Address _____
Emergency Contact Number _____ Cell Number _____

Please check the topics you would like discussed at parent meetings (2015 – 2020)

Job Search Paying for College Seminars Resume Writing
 College Tours HS Graduation Requirements Helping Your Child Succeed In School
 Scholarships SAT or ACT Testing in HS The College Application Process

I hereby give permission to my child's school to release my child's academic records to NYGEAR UP for the sole purpose of evaluation and determining which service and/or programs will best meet my child's educational needs. I understand that a medical release will be sent home for any overnight trip and a school permission form will need to be signed for any day trip. I consent to having my child included in any NYGEAR UP photos, newsletters, videotapes, research, and any other NYGEAR UP publication including HESC publications. I also give my son/daughter permission to participate in all the NYGEAR UP activities and programs.

Parent/Guardian Signature _____ Date _____