

# ConnCAP

## Collegiate Awareness and Preparation Program

### Enrollment Form (2007-2008)

(PLEASE PRINT, ALL SECTIONS MUST BE COMPLETED)

Student's Name: \_\_\_\_\_  
(Last) (First) (MI)

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

City: \_\_\_\_\_ State: Connecticut Zip Code: \_\_\_\_\_

Student's Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student School ID# \_\_\_\_\_  
Present

Home Phone#: \_\_\_\_\_ School: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Race/Ethnicity (check one): Black/African American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ White \_\_\_\_\_  
Asian/Pacific Islander \_\_\_\_\_ Native American \_\_\_\_\_

US Citizen: Yes No *If not Citizen, Visa or PRA#* \_\_\_\_\_

1. Please list any other academic support, educational or enrichment programs in which student participate (such as Talent Search, Upward Bound, ECA, others): \_\_\_\_\_

2. Please list any athletic program(s) in which student participates: \_\_\_\_\_

3. Does one parent or guardian residing with the student have a 4-year college degree? \_\_\_ Yes \_\_\_ No

4. Number of persons residing in your household: \_\_\_\_\_

5. Please indicate your Annual Income Range:

___ \$0 - \$14,999	___ \$30,000 - \$34,999	___ \$50,000 - \$54,999
___ \$15,000 - \$19,999	___ \$35,000 - \$39,999	___ \$55,000 - \$59,000
___ \$20,000 - \$24,999	___ \$40,000 - \$44,999	___ \$60,000 & over
___ \$25,000 - \$29,999	___ \$45,000 - \$49,999	

\*\*\*Note: the above information with a copy of 2006 income tax returns shall be treated with strictly confidentiality, and that it will be used for the limited purpose of determining the eligibility of my child for enrollment in ConnCAP.\*\*\*

6. I understand that my child will be interviewed, and his or her academic transcript and standardized test scores will be reviewed by Marvis Brown-Arnold, ConnCAP Director, James Barber, SCSU Student Services Director, and/or by Hillhouse faculty of Administrators, and I agree to this review for the purpose of an admissions decision or for curriculum planning for my child, or both.

Signature of Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**ConnCAP Summer Academy 2007  
Enrollment Form**

Name of Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Home Emergency

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Grade entering: \_\_\_\_\_ (Fall 2007)

I am enrolling my child named above in the SCSU ConnCAP Summer Academy which will run from July 2, 2007 through August 3, 2007 on the campus of Southern Connecticut State University. I understand that the curriculum consists of morning classes taught by certified teachers, library, computer lab preparation and research time supervised by program counselors who are undergraduate students. The afternoon curriculum includes group projects, guest speakers, Computer skills workshops as well as recreational activities and study time for other students. I also understand that there are expectations of regular attendance and appropriate conduct for all students and that disciplinary action up to and including expulsion from the program may result from rules violations, and that I will receive a copy of the program's rules and policies and procedures manual before the start of the program. Please check which of the following selection(s) apply:

\_\_\_\_\_ I am enrolling my child in the academic program which takes place Monday through Thursday from 8:30 A.M. to 3:00 P.M., and which also includes all day travel, recreational activities, and cultural events on Fridays.

Last Math class taken: \_\_\_\_\_ Math class assigned for next year: \_\_\_\_\_  
Last Science class taken: \_\_\_\_\_ Science class assigned for next year: \_\_\_\_\_  
Last English class taken: \_\_\_\_\_ English class assigned for next year: \_\_\_\_\_

Specific personal and academic needs ( please include comments about the applicant's personal background, hobbies and general interests, community and school activities, plans for the future, career goals, college education, etc.):

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**Note: the above information shall be treated with strictly confidentiality, and that it will be used for the limited purpose of determining the eligibility of my child for enrollment in ConnCAP. Once all funded summer school positions for eligible students are filled, additional students who may not be eligible will also be enrolled, using other funding if available.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: April 2007  
To: Parents or Guardians  
From: Marvis Brown-Arnold, ConnCAP Director  
Subject: Enrollment Forms & Copy of 2006 Tax Return

In order to properly review students' files all 2006 tax documentation is immediately required. It is extremely important that all ConnCAP **enrollment forms** and a **copy of 2006 tax returns** are filled out and returned by no later than **June 1, 2007**. The Collegiate Awareness and Preparation Program (ConnCAP) is a grant-funded program with set guidelines that have to be followed; determination of income eligibility and verification of income are requirements for receipt of the program grant.

**\*\*\* *If you have already submitted your income documentation previously  
....you do not have to resubmit. \*\*\****

To: Parents/Guardians  
From: Marvis Brown Arnold, ConnCAP Director  
Re: ConnCAP Program Schedules  
Date: April 2007

Please mark your calendar accordingly:

**ConnCAP Summer Academy**

Beginning - July 2, 2007 (subject to change)

Ending - August 3, 2007

Students to meet Monday through Friday at Southern Connecticut State University's Student Center Café, by 8:15 AM.

Students will be released from daily activities at 3:00 PM at the same location.

**There will be a mandatory parent/guardian orientation for the Summer Academy on June 21, 2007 at 6:00pm sharp in SCSU Student Center.**

# **MEDIA RELEASE FORM**

## **ConnCAP SUMMER ACADEMY 2007**

I, \_\_\_\_\_, hereby grant permission for my son/daughter to participate in SCSU ConnCAP Summer Academy, its affiliates and their successors, and any person receiving permission from any of them, to use my child \_\_\_\_\_'s picture, likeness, name, photograph or voice, at its discretion in publications or on video or audio or audio tape concerning education programs or activities of the New Haven Public Schools. I have been assured, and it is my understanding, that this shall be used in instructional or publicity contexts only, and shall not be used for any commercial purposes whatsoever.

I do hereby agree to hold harmless the New Haven Public Schools or Southern CT State University in connection with any and all claims regarding my child's photographic image, including legal fees and other costs incurred.

I do hereby waive any claim for compensation for my child's photographic image.

I hereby agree that this RELEASE is valid until expressly revoked by me in writing.

Student's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_ Gender: \_\_M \_\_F  
(Fall 2007)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation provided by the City of New Haven Busing Program  
For Field Trips**



**ConnCAP**  
**Collegiate Awareness and Preparation Program**  
**Enrollment Agreement**

Name of Student: \_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**Student's Statement:** I am enrolling in ConnCAP of the 2007-2008 Academic year, and I agree to participate according to the requirements stated below.

**Parent's Statement:** I am enrolling my son or daughter in ConnCAP for 2007-2008 Academic year, and I agree to his or her participate according to the requirements stated below.

1. **Tutorial Program Schedule:** The student will participate in the After School Program at Hillhouse High School 4 days weekly, Monday, Tuesday, Wednesday, and Thursday from 2:00pm until 4:30pm. Daily attendance is required, and a note from a parent or guardian in advance or in case of an emergency must request absences. A parent or guardian's note must be provided to ConnCAP the next school day. Any variation from this schedule must be agreed to in advance and in writing between parent, student, and Marvis Brown-Arnold, Director of ConnCAP.
2. **Saturday Academy Schedule:** The student will participate in the Saturday Academy at Southern Connecticut State University, Saturdays during the school year. Commencing on October 20,2007 from 8:30am until 12:00noon. Regular attendance is required for participation in the Saturday Academy, due to course materials, which are continuous and cumulative from week to week.
3. The student will come prepared to all ConnCAP activities, which shall include bringing books and homework assignments each day to the after school tutorial, in Saturday Academy Curriculum. Participation also means appropriate demeanor, working with diligently in class or during tutorial sessions, and no disruptive conduct.
4. **Students who fail to attend regularly, who behave inappropriately or disruptively, who do not come prepared, or who do not do homework or work with tutors during the curriculum and any part of it are subject to progressive disciplinary actions including counseling, parent conferences, and expulsion from the program.**

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **RELEASE FORM**

## **ConnCAP SUMMER ACADEMY 2007**

I, \_\_\_\_\_, hereby grant permission for my son/daughter to participate in SCSU ConnCAP Summer Academy Program. This Summer Academy will offer academics, field trips, outings, barbecues, picnics and other indoor/outdoor activities.

By execution of my signature below. I \_\_\_\_\_, hereby release Department of Higher Education SCSU/ConnCAP/21<sup>st</sup> Century Community Learning Center & New Haven Public Schools from any liability should my son or daughter receive any injury including but not limited to: risk of serious injury, the hazards of travel, accident or illness, or acts of God) of participating in the Summer Academy.

I am aware that my child should have a medical exam prior to participating in ConnCAP Summer Academy to ensure that your child is in good physical health.

I do hereby agree to hold harmless the Department of Higher Education, New Haven Public School System and Southern CT State University with any and all claims, including legal fees and other costs incurred.

I do hereby agree that this RELEASE is valid until expressly revoked by me in writing.

Student's  
Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ CT Zip code \_\_\_\_\_

Phone #: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_ Gender: \_\_M\_\_F

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation provided by the City of New Haven Busing Program  
For Field Trips**

To: Parents/Guardians  
From: Marvis Brown Arnold, ConnCAP Director  
Re: ConnCAP Program Schedules  
Date: April 2007

Please mark your calendar accordingly:

**ConnCAP After School Program**

Beginning - September 2007

Ending - June 01, 2008

Students to meet Monday through Thursday at James Hillhouse High School, 2<sup>nd</sup> floor A wing by 2:10 PM (classroom to be announced at a later date). Students are released from tutorial at 4:30PM.

**ConnCAP Saturday Academy**

Beginning - October 2007

Ending - May 2008

Students to meet on Saturdays at Southern Connecticut State University's Morrill Hall, by 8:30AM (classroom to be announced at a later date)

Students will be released from daily activities at 12:00 Noon at the same location.