



Youth Empowerment for Success (YES) Program
STUDENT INFORMATION SHEET
 Please *Print Clearly* in Blue or Black Ink ONLY



Basic Student Information

Student Name _____ Preferred Name _____

Date of Birth ____/____/____ Student ID # _____

Home Address

Home Phone # _____

Student Cell # _____ Student Email _____

Parent/Guardian Name 1) _____

Parent/Guardian Email 1) _____

Parent/Guardian Cell # 1) _____ Parent/Guardian Work # 1) _____

Parent/Guardian Name 2) _____

Parent/Guardian Email 2) _____

Parent/Guardian Cell # 2) _____ Parent/Guardian Work # 2) _____

Student Life Information

Extracurricular, Community Service, Volunteer Activities (In and Out of School):

Awards, Certificates, Projects, and other Recognitions received (In and Out of School):

Other Interests, Talents, Hobbies:



Youth Empowerment for Success (YES) Program PROGRAM AGREEMENT



The purpose of this agreement is to provide all parties involved a detailed list of responsibilities/requirements that are agreed upon in the YES Program.

THE YES PROGRAM STAFF WILL:

1. Serve as liaison between the student, parent/guardian, and YES partners.
2. Assist in academic and occupational instruction of student.
3. Render assistance with educational and training concerns of the student, parent/guardian, and YES partners.
4. Review student individualized development plan (IDP) a minimum of once per semester.
5. Conduct exit interview/survey to develop plan of transition into post-secondary.

YES PROGRAM STUDENT WILL:

1. Attend school regularly (abide by the attendance policy). Failure to adhere to this part of the agreement may negatively impact the student's academics and/or disciplinary action may be taken.
2. Represent PCHS and the YES program by demonstrating honesty, punctuality, courtesy, and a willingness to learn.
3. Maintain academic good standing (on track to graduate) and continuously work to meet the minimum requirements for being a YES program completer.
4. Review individualized development plan with YES staff, and/or mentor at least once a year.
5. Agree to release information and school related records as it pertains to the YES Program such as academic performance, attendance, discipline, follow-up information, and photo consent.
6. Grant permission for emergency treatment. Medical personnel will make reasonable attempts to contact the parent/guardian before initiating emergency treatments deemed necessary by the emergency service.
7. Abide by all terms, conditions, and policies of PCHS and the YES Program - including attending meetings and/or functions.
8. Be responsible for completing all assignments as required by YES program staff.

THE PARENT/GUARDIAN WILL:

1. Encourage the student to carry out effectively his/her duties and responsibilities at both school and YES program activities.
2. Make inquiries concerning the student's education and training directly to YES staff as needed.
3. Allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.
4. Grant permission for emergency treatment. Medical personnel will make reasonable attempts to contact the parent/guardian before initiating emergency treatments deemed necessary by the emergency service.
5. Provide school insurance or release form stating son/daughter is covered under their personal health insurance policy.

I certify that I have read and understand this agreement.

Student Signature

Date

Parent/Guardian Signature

Date

YES Program Staff Signature

Date



Youth Empowerment for Success (YES) Program PARENT/GUARDIAN CONSENT FORM



Student's Name: _____ DOB _____ Age _____
 Home Address _____ City _____ Zip _____
 Home Phone: _____ Cell Phone: _____

Please initial EACH request to indicate your consent:

_____ **I have read and understand the PCHS student handbook.**

_____ **Photo/Media Release:** *I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of me or my minor child by Putnam County Charter School System or their designee. I understand that any photographs, audio recordings, and/or video recordings become the property of the local school/district/designee and may be used by the school, district, or others with this consent, for educational, instructional, or promotional purposes as determined by the district in broadcast and media formats now existing or to be created in the future.*

_____ **Student Record Release:** *I authorize the Putnam County Charter School System to release information of the above named student. Information can include current/future data and information pertaining to student enrollment in educational institutions, employment/job status, location(s), certification(s), degree(s), etc. during enrollment period and thereafter. I agree that the Putnam County School System and its agents will be absolved of any responsibility in connection with such release. This authorization can be cancelled at any time by written notice to the Principal or YES Program Manager.*

_____ **Personally Identifiable Information (PII):** *The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of his/her educational records. Consent is required for the release of students' personally identifiable information found within academic transcripts and records such as semester grades, attendance, class schedule, current academic standing, residency information, date of birth, student ID and/or Social Security number. I hereby authorize Putnam County Charter School System, and its agents, to release the above mentioned student's information as it pertains to this federally funded grant program. This consent will remain in effect indefinitely, until the student and their parent/guardian notifies the Principal or YES Program Manager in writing.*

_____ **Treatment Consent:** *I hereby authorize the Putnam County Charter School System or the YES Program Staff to secure emergency medical treatment. I will assume all financial responsibility.*

Student is or is not covered by medical insurance. (If not, parent/guardian signature indicates that accident insurance will be purchased through the school insurance program. Contact your local school.)

Having read with understanding the above, I hereby give my consent to the enrollment of my son/daughter/ward in the YES program:

Name of Parent/Legal Guardian _____ Daytime Telephone _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____