

Breaking Chains Academy of Development, Inc.

Student Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Parent/Guardian Name: _____ Occupation: _____ Phone #: _____

Parent/Guardian Name: _____ Occupation: _____ Phone #: _____

Household monthly gross income: _____ Number of people living in home: _____

History with Law Enforcement

Have you ever been involved in the juvenile justice system?

- Yes
- No
- Prefer not to answer

Are you currently on probation?

- Yes (please fill out PO's information below)
- No

If yes, please list the name of your PO _____

PO's phone and/or email: _____

Have you ever been convicted of a felony?

YES NO

If yes, explain: _____

ID _____

Release Form _____

Payment & Date _____

Education

Last School Attended: _____ Highest grade completed: _____

Last date you attended school: _____

Gender Identity

How would you describe your gender identity?

- Male Transgender Prefer not to answer
 Female Gender fluid Other (please specify): _____

Race/Ethnicity

How would you describe your race/ethnicity? (check all that apply)

- African American or Black Hispanic or Latino/Latina Native Hawaiian or Other Pacific Islander
 African National Middle Eastern Biracial or Multiracial
 Caribbean Islander Native American, American Indian, or Alaska Native Prefer Not to Answer
 Asian or Asian American Other (please specify): _____
 Caucasian, White, or European American

Living Situation

Have you ever been in foster care (under the legal responsibility of the child welfare agency, including foster homes and group care)?

- Yes, I am currently in foster care
 Yes, I have been in foster care before
 No, I have never been in foster care
 Prefer not to answer

ID _____

Release Form _____

Payment & Date _____

Where are you currently living? (check only one)

Independently (by myself, with a friend, roommate, boyfriend, girlfriend, fiancé, husband, wife, etc.)

With family (birth parents, other relative such as grandparents, aunt, brother or sister, adoptive parents, legal guardian)

In a foster home

In a group setting (group home, residential care, or residential treatment facility)

Independent Living Program, Supervised Independent Living Program, or Transitional Living Program)

Couch surfing or moving from house to house (because I don't have a place to stay)

Homeless (living in a shelter, motel, car, park, abandoned building, train or bus station, or other temporary place)

Prefer not to answer

Other (please specify):

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in my release.

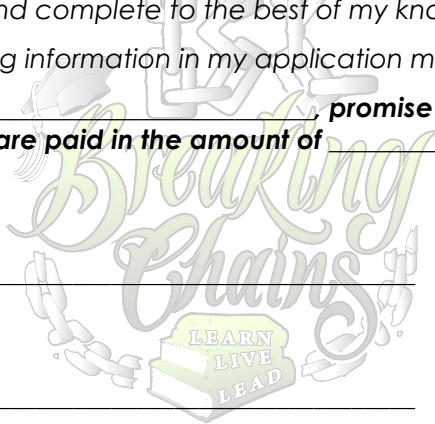
Furthermore, I, _____, promise to take care of the Academy and its property. I understand that fees are paid in the amount of _____ and are NON-REFUNDABLE.

Student
Signature: _____

Date: _____

Staff/Witness
Signature: _____

Date: _____



Academy of Development

Parent/Guardian Consent

As a parent/guardian of _____, I hereby give consent for him/her to attend **Breaking Chains Academy of Development, Inc.(BCAD)** I understand that by signing this document, I am agreeing to the terms and provisions below. *Initial each statement and sign below.*

- _____BCAD is not responsible for injuries and accidents that may occur onsite or during activities outside of the BCAD campus
- _____BCAD may provide medical attention to injured students and take them to the nearest hospital if student requires emergency medical treatment
- _____BCAD is not responsible for how students arrive or leave from campus
- _____Consent is given for participation in surveys given to the student by BCAD for the purpose of BCAD promotion
- _____Consent is given for the student to use the computer and access the internet
- _____Consent is given for the student to be subject to random drug testing
- _____BCAD is authorized to obtain information regarding the student (including, but not limited to, report cards, emergency contact information, etc.) from previous school as deemed necessary by BCAD staff
- _____Consent is given for use of photographs and video of the student for promotional purposes

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Date: _____

