

## STUDENT-PARENT APPLICATION

Name of Student		PLEASE PRINT	
Address		City	Zip_
Grade	Age	Name of School	
Date of Birth/_		Address of School	
Teacher's Name			
Name of Parent or Gua	ardian		
Email		Phone	
Emergency Contact In	formation (2)		
Name		Phone	
Name		Phone	
Academic Information	1		
Please provide the gra	•	monstrates in the areas listed below	ow:
Which special services	are being received at	school?	
None	EP F	ree/Reduced Lunch Program	_ Other_
List any diagnoses that	affect your child's lea	rning and/or medication your chil	d is taking.

As students and parents in the MI-RAMP Program, we understand that he/she is responsible for the progress he or she makes while in the program, which is affected by how hard he/she works as well as attitude.

ı	Λ	σ	rΔ	_
ı	А	ջ	re	e

- To attend all scheduled Saturday/Sunday learning and tutorial sessions. If I am unable to attend, I will notify my teacher/tutor at least 24 hours in advance. In case of illness, I will notify my teacher/tutor at least one hour in advance.
- Services will be terminated if there are chronic absences or if I fail to call two times.
- To complete all my homework assignments.
- To have a good attitude about being a part of the MI-RAMP Program.

l.	In one or two sentences, please want to participate in MI-RAMP.		the parent) and/or you (as th	e student) 	
II.	In one or two sentences, please gain from this experience.	express what you as	the parent and/or your child	hope to	
III.	Please return this 2-page application via email to Ms. Pam Parks ( <a href="mailto:conceptdesigns20002000@yahoo.com">conceptdesigns20002000@yahoo.com</a> )				
	Go to the website, mi-ramp.org, to 248-893-7399	for additional infor	nation and/or FAX questions/o	comments	
	Session of current interest:  A. November 18, 2022 - March  B. April 1, 2023 - June 24, 2023				
	C. July 22, 2023 - October 21, 2	2023			
(Student	s Signature)		(Date)		
(Parent's	or Guardian's Signature)		(Date)		