



STUDENT-PARENT APPLICATION

Today's Date _____

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 Guardian _____

Email _____ Phone _____

Emergency Contact Information (2)

Name _____ Phone _____

Name _____ Phone _____

Academic Information

Please provide the grade level your child demonstrates in the areas listed below:

Reading _____ Spelling _____ Writing _____ Math _____

Which special services are being received at school?

None _____ IEP _____ Free/Reduced Lunch Program _____ Other _____

List any diagnoses that effect your child's learning and/or medication your child 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.

I Agree:

- 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.

I. In one or two sentences, please express why you (as the parent) and/or you (as the student) want to participate in MI-RAMP.

II. In one or two sentences, please express what you as the parent and/or your child hope to gain from this experience.

III. Please return this 2-page application via email to Ms. Pam Parks (conceptdesigns20002000@yahoo.com)

Go to the website, mi-ramp.org, for additional information and/or FAX questions/comments to 248-893-7399

Session of current interest:

- A. July 24, 2021 - October 23, 2021
- B. November 20, 2021 - March 5, 2022
- C. April 2, 2022 - June 25, 2022

(Student's Signature)

(Date)

(Parent's or Guardian's Signature)

(Date)