

JAG (Jobs for America's Graduates) CONFIDENTIAL APPLICATION FOR ADMISSION

Forward Service Corporation



JAG-WISCONSIN

The vision of JAG is to make a measurable difference in the outcomes of public education and workforce development systems at the national, state and local level. JAG strives to increase opportunity and reduce poverty and unemployment by fostering *A Nation Without Dropouts*.

To be eligible students must be between the ages of 14-19 and students **must be employable**; yet have employment barriers. If you are selected, you **must** have a **desire to improve** yourself and **follow the rules and regulations** of the program.

Please use a black or blue pen to complete this application.

Revised 12/30/2014

Identification

First name: _____

Middle Name/Initial: _____

Last Name: _____

Nickname: _____

Social Security #: _____

Why do we ask for a SS #? This is needed when contacting Post-Secondary Institutions, when filling out Job applications, when filling out FAFSA (Financial Aid) Etc.
This is kept secure and completely confidential.

Mailing Address

Street Address:

Apt/Suite/Other: _____

City: _____

County: (you live in): _____

State: _____

Zip Code: _____

Contact Information – Please fill out as completely as possible – YOUR contact information AND 1 or 2 family members or persons who would know how to contact you.

Contact Person # 1 (You) Name: _____

Email: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____ **Extension:** _____

Contact Person # 2

Name: _____

Address: _____

Relationship to you: _____

Email: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____ **Extension:** _____

Contact Person # 3

Name: _____

Address: _____

Relationship to you: _____

Email: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____ Extension: _____

Demographics

Birth Date: _____ - _____ - _____
Format Example - Month (04) Date (03) Year (2015)

Gender: (please circle one) MALE FEMALE

Race (Please choose one)

American Indian/Alaskan Native

Asian

Black or African American

White

Native Hawaiian or Other Pacific Islander

More than 1 Race (please list) _____

School ID: _____

Other ID: _____

Profile

Today's Date: Month _____ Day _____ Year _____

Grade in School: (Please circle one) 9th 10th 11th 12th

School and Work Plans (Check any that apply)

- Graduate from High School
- Obtain a GED
- Dropout of School
- Work Full-Time after High School Graduation
- Work Part-Time after High School Graduation
- Work AND attend a two-year or four-year college or other training
- Attend a Four-Year college only
- Attend a Two-Year college only
- Attend a Vocational/technical training program
- Enlist in a branch of the military service Branch: _____
- No Specific school or work plans at this time
- Other (Please describe) _____

Major or area of study interested in: _____

Goals and/or Dreams:

Employment (most recent)

Never Employed

Most recent Employer: _____

Job Title: _____

Hours/Week: _____

Hourly Wage: _____

Employment Date: _____

Program Information

High School: _____

Program: _____

Current Living Situation (Who do you live with?) _____

Number in Family or Current Living Situation (include yourself) _____

Mother's Highest Education _____

Is she currently employed? YES NO

Father's highest Education _____

Is he currently employed? YES NO

Government Assistance:

NO Government assistance

Do you receive Free or reduced lunch? YES NO

Welfare (TANF) YES NO

Public Assistance YES NO

Supplemental Security Income YES NO

Other Cash Income from the government not including retirement benefits YES NO

(Must be signed by a parent or legal guardian for all student under age 18)

Parent/Legal Guardian

Signature: _____ Date: _____

Participant Signature: _____ Date: _____

AUTHORIZATION TO DISCLOSE INFORMATION TO FORWARD SERVICE CORPORATION

To Be Completed by a Parent or Legal Guardian

Student's Name: _____

Student's Date of Birth: _____

WHAT: I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) of all education records and other information directly or indirectly related to my child's education and career development. This includes specific permission to release:

- √ Progress records, including official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- √ Medical and/or related health records
- √ Psychological evaluations or social work reports
- √ Law enforcement records
- √ Multidisciplinary team evaluations and related reports
- √ Individual education programs
- √ Behavioral records

____ Other (specify):

FROM WHOM: School district my child is enrolled (please name): _____

TO WHOM: Forward Service Corporation employees assigned to the JAG program.

PURPOSE: To determine JAG program eligibility, to develop and implement a JAG program plan, and to evaluate progress in the program for the student named above.

EXPIRES WHEN: One year follow-up after graduation

▶ _____
Signature of Parent or Legal Guardian (required)

Date

▶ _____
Print Name

Date

MEDICAL INFORMATION
To Be Completed by the Parent or Guardian

Student's Name: _____

Student's Social Security Number: _____

Does your child have any **health conditions/or require special accommodations** (including allergies and asthma) that we should be aware of? Yes _____ No _____

If yes, please explain: _____

Does your child take any prescription or nonprescription **medication(s)** that we need to be aware of?
Yes _____ No _____

If yes, please describe: _____

If emergency medical attention is necessary, I agree that my child may be taken to the nearest medical facility and have medical attention rendered as deemed necessary by the attending physician or health professional. I agree to accept full responsibility for any expenses incurred relating to such emergency medical attention.

Please provide the following information to be used if emergency medical attention is necessary:

Health, Accident, or Surgical Insurance Name: _____

Health, Accident, Surgical or Medical Assistance Number: _____

My child does not currently have health, accident, or surgical insurance: _____

Emergency Contact Numbers

Please provide parent/guardian emergency contact phone numbers for day and/or night. Please provide as many phone numbers as you can to increase the likelihood we will be able to contact you if necessary.

I can be contacted at the following phone numbers (include area code) in case of an emergency (enter at least **one** number for day and night):

Contact: _____ Phone Number () _____ Day _____ Night _____

Contact: _____ Phone Number () _____ Day _____ Night _____

▶ _____
Signature of Parent or Legal Guardian

Date

CONTRACT AGREEMENT
To Be Completed by the Student and the Parent or Guardian

Student's Name: _____

Student's School: _____

Participant Contract

Participation in Jobs for America's Graduates (JAG) is a privilege and a commitment. If I am accepted into the JAG program, I understand that participation requires:

1. Participate fully in the academic year program and 1 year required follow up.
 - a. Attend weekly meetings with your JAG instructor.
 - b. Meet with JAG staff when conferences are scheduled.
 - c. Attend all group meetings and required events.
 - d. Abide by the rules and regulations of the program.
 - e. Maintain respect for yourself, staff, and other students.
 - f. Participate in required standardized academic testing and try to earn the highest score you are capable of.
 - g. Maintain attendance and demonstrate effort in improvement in your grades at school.

2. Maintain my enrollment in the program until I graduate from high school and 1 year post graduation follow-up.

I have read and understand the above listed requirements for the JAG program and have discussed these requirements with my parent(s)/guardian(s). I want to be enrolled in the program and agree to the terms above.

▶ _____
Student's Signature

Date

I understand the obligation of my child in the JAG program and agree to the terms in which he/she will enroll. I further understand my responsibility to cooperate with members of the program throughout my child's enrollment.

▶ ___ Yes ___ No

I authorize Forward Service Corporation and the JAG program to photograph and/or record on videotape my child's participation in program activities for use by the news media, for educational program use, or for use in promotional or publicity materials for the entire period in which my student is enrolled in the JAG program.

▶ ___ Yes ___ No

▶ _____
Signature of Parent or Legal Guardian Date

(Office Use Only)

Filled out by Career Specialist

Last Grade Completed: _____

Cumulative GPA: _____

Class Rank: _____

Absences Last School Year: _____

Credits Earned Toward High School Graduation: _____

Credits Required Toward High School Graduation: _____

Special Notes: (Discipline referrals, suspensions, expulsion, Truancy tickets etc..... Please list or attach additional documentation if necessary)
