



WRHS STUDENT APPLICATION

Name: _____
Last First M.I. DOB (mm/dd/yy)

Address: _____
Street City State Zip

Home Phone: _____ Mobile Phone: _____

Email address: _____

What is the best way to contact you? (check one): Email () Mobile Phone () Home Phone ()

Parent/Guardian Name: _____
Last First M.I.

Cell Phone: _____ Email address: _____

Parent/Guardian Name: _____
Last First M.I.

Cell Phone: _____ Email address: _____

PHOTO RELEASE

I, _____, hereby grant permission to All THAT – Teens Hopeful
(parent or guardian)

About Tomorrow representatives, to take and use: photographs and/or digital images of my child for use in program scrapbook or bulletin boards; display on website; use for news releases, promotional materials and/or electronic communications. I further agree that my child's name and identity may or may not be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of All THAT - Teens Hopeful About Tomorrow.

(Date)

(Signature of Parent or Guardian)

We mentor teenaged youth – helping to improve their academics, social skills, and relationships with others. We not only expose participants to the world of work and potential career paths, but we promote and highlight the skills they need to succeed.

Applicant Information

All THAT receives funding through the Ohio Department of Education to conduct this mentoring program. The information is kept strictly confidential and we only report information by category on an annual basis. If you have any questions, please feel free to contact Danella Hicks at 614-745-0007.

Please indicate your child's race/ethnicity:

- White/Caucasian
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native and White
 Asian and White
 African American and White
 American Indian/Alaskan Native and Black
 Other Multi-Racial

Please circle your annual income or enter the amount in the space provided:

Number of persons in your household	1	2	3	4	5	6	7	8
A	24,850	28,400	31,950	38,350	38,350	41,200	44,050	46,900
B	14,950	17,050	20,090	24,250	28,410	32,570	36,730	40,890
C	39,800	45,450	51,150	56,800	61,350	70,450	70,450	75,000
D								

STUDENT PERFORMANCE DATA

I hereby grant All THAT staff permission to discuss my child's performance as it relates to attendance, academic performance and behavioral issues for the 2015 – 2016 school year. All THAT will communicate regularly with school administration and I understand that All THAT's use of student information is solely for education purposes and will remain confidential.

Student: _____
Print name
Signature
Date

Parent/Guardian: _____
Print name
Signature
Date

If you have any questions, please contact All THAT at (614) 745-0007 or email us at info@all-that.org.

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