



Liberty Partnerships Program

**Liberty Partnerships Program Application
for New Students (2017-2018)**



BACKGROUND INFORMATION:

DATE: _____

Student's Full Name: _____ DOB: _____

Street Address: _____ City, State, Zip: _____

Age: _____ Grade Level: _____ Identifies as: Male Female NYS Student ID: _____

School: _____ Counselor: _____

Does the student have a 504? Yes No Does the student have an IEP? Yes No

Ethnicity: Black/Non-Hispanic White/Non-Hispanic Asian/Pacific Islander Hispanic

Native American/Alaskan Native Other: _____

Parent/Guardian Information:

| Name/Relationship | Address | Phone | Cell Phone | Emergency Contact | Lives with Student |
|-------------------|---------|-------|------------|-------------------|--------------------|
| | | | | Yes or No | Yes or No |
| | | | | Yes or No | Yes or No |
| | | | | Yes or No | Yes or No |
| | | | | Yes or No | Yes or No |

EMERGENCY CONTACT:

| Name/Relationship | Phone | Cell Phone |
|-------------------|-------|------------|
| | | |
| | | |

AT RISK FACTORS (must meet at least one – please check all that apply):

| | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | 1. Unsatisfactory academic performance | <input type="checkbox"/> | 7. Homelessness, residence in a shelter or foster care |
| <input type="checkbox"/> | 2. Inconsistent school attendance or truancy | <input type="checkbox"/> | 8. History of substance abuse |
| <input type="checkbox"/> | 3. History of behavior/discipline problems | <input type="checkbox"/> | 9. Limited English proficiency |
| <input type="checkbox"/> | 4. History of family/peers dropping out of school | <input type="checkbox"/> | 10. Teenage pregnancy and/or parenting |
| <input type="checkbox"/> | 5. Negative change in family circumstances | <input type="checkbox"/> | 11. Negative peer pressure |
| <input type="checkbox"/> | 6. History of child abuse or neglect | <input type="checkbox"/> | 12. Other: |

ACADEMIC PROFILE (to be completed by the student and/or parent/guardian): Overall GPA: _____

What are your strongest subjects? _____

What are your weakest subjects? _____

Have you received any tutoring? Yes No If Yes, which subjects? _____

How many hours do you study/do homework each day after school? _____

How many days each week do you study? _____

CAREER INTEREST & FUTURE PLANNING (to be completed by the student and parent/guardian):

Do you (student) have a job? Yes No If Yes, where? _____

How many hours do you work in a given week? _____ Circle the days you work: M T W T F S S

What are some of your skills/strengths? _____

What are some careers you are interested in learning more about? _____

List your in-school and out-of-school activities: _____

Do you plan to go to college or trade school? Yes No If Yes, where? _____

PARENT/GUARDIAN:

Please contact me to be a LPP Parent Volunteer or to serve on the advisory board. Yes No

Is there anything you want to share with the LPP staff that may be important for us to know?

Please list any outside agencies that provide services to your child.

How would you prefer to be contacted? Provide preferences.

EMAIL: _____ TEXT _____ PHONE _____