



Application and Questionnaires

The goal of the Kern to College Partnership (“K2C”) is to provide support for Grimmway Academy alumni, their families and all other Kern County high school students as they move through high school and prepare to succeed in college and the careers of their choice. K2C supports and augments the efforts rendered in high school from counselors and college/career centers by providing educational, recreational, social and community service related programs through after school and weekend programs.

All participants are required to complete the K2C Application and Participant Questionnaire. Participation in K2C is subject to Grimmway Schools approval, the participant’s good standing with Grimmway Academy, and K2C’s ability to meet the participant’s needs. Participants need only register once a year. Please indicate the year for which your child is registering.

2020-2021 Academic Year

2021-2022 Academic Year

Participant Information

First Name: _____ M.I.: _____ Last Name: _____

Preferred Name: _____ UID: _____ Birthdate: ____/____/____

Street Address: _____ Apartment number: _____

City: _____ State: CA Zip Code: _____

Preferred Email(s): _____

Home phone: (____) _____ Cell Phone: (____) _____

Best method of communication for you:

Phone call

Email

Text message

US mail

Began high school in: 2020 2019 2018 2017

Sex: Male Female

Middle School attended: _____

High School attending: _____

High School Academy/Program you are currently in (if any): _____

Clubs/Organizations you currently/plan to participate in: _____

Participant: _____

UID: _____

Parents/Guardians Information

Parent 1/Guardian 1 (please check one): Mother Father Guardian 1

First Name: _____ Last Name: _____

Home address (if different from participant)

Street Address: _____ Apartment number: _____

City: _____ State: _____ Zip Code: _____

Preferred Email(s): _____

Home phone: (_____) _____ Cell Phone: (_____) _____

Highest level of education: _____

Employer: _____ Occupation: _____

Preferred language (please check one): English Spanish Other _____

Parent 2/Guardian 2 (please check one): Mother Father Guardian 2

First Name: _____ Last Name: _____

Home address (if different from participant)

Street Address: _____ Apartment number: _____

City: _____ State: _____ Zip Code: _____

Preferred Email(s): _____

Home phone: (_____) _____ Cell Phone: (_____) _____

Highest level of education: _____

Employer: _____ Occupation: _____

Preferred language (please check one): English Spanish Other _____

Best method of communication for parent(s)/guardian(s):

Phone call Email

Text message US mail

Is a parent/guardian on Active Military Duty? No Yes, branch: _____

Is a parent/guardian a Military Veteran? No Yes, branch: _____

Participant: _____

UID: _____

Household Information

How many people are in your household? _____ Number of children under 18: _____

Estimated Household Income (please check one):

\$0 - 9,999

\$40,000 - 49,999

\$10,000 - 19,999

\$50,000 - 59,999

\$20,000 - 29,999

\$60,000 - or more

\$30,000 - 39,999

Family setting:

Mother Only

1 Parent/ 1 Step Parent

Father Only

Grandparents

2 Parent family

Other _____

Foster Parent

The After-School Education and Safety (ASES) Program Act of 2002 establishes programs to serve pupils in kindergarten and grades 1 to 9, inclusive, at participating elementary, middle, junior high, and charter schools. ASES gives priority enrollment in before and after school programs to pupils in middle school or junior high school who attend these programs daily. Pupils who are identified by the program as homeless youth or as being in foster care will be given first priority. Parents/guardians may indicate this information below:

Pupil designation (*please check if applicable*): Homeless Youth Foster Care

Medical Information

Name of Doctor/Medical Office: _____

Phone number: (____) _____ Does the participant have health insurance: Yes No

Insurance provider: _____ Policy Number: _____

Does the participant have any medical problem and/or allergies: Yes No

If yes, please specify: _____

Does the participant have any food allergies? Yes No

If yes, please specify: _____

Does the participant have any physical, emotional, and/or learning difficulties? No Yes

If yes, please specify: _____

Participant: _____

UID: _____

Emergency Contact/Release Information

- Please provide a minimum of two (2) contacts
- Emergency contacts must be 18+ years old

Contact #1: Relationship to participant: _____

First Name: _____ Last Name: _____

Street Address: _____ Apartment number: _____

City: _____ State: _____ Zip Code: _____

Preferred Email(s): _____

Home phone: (_____) _____ Cell Phone: (_____) _____

Contact #2: Relationship to participant: _____

First Name: _____ Last Name: _____

Street Address: _____ Apartment number: _____

City: _____ State: _____ Zip Code: _____

Preferred Email(s): _____

Home phone: (_____) _____ Cell Phone: (_____) _____

Contact #3: Relationship to participant: _____

First Name: _____ Last Name: _____

Street Address: _____ Apartment number: _____

City: _____ State: _____ Zip Code: _____

Preferred Email(s): _____

Home phone: (_____) _____ Cell Phone: (_____) _____

Participant: _____

UID: _____

Rules and Policies

1. Each participant must be enrolled in the program by a parent or legal guardian.
2. Each participant's academic record will be recorded on a periodic basis and at the end of each reporting period. In this, we will track their grades and test scores.
3. Upon entering the Grimmway Academy campus, participants must sign in. Bring a positive attitude.
4. Program participants must stay within designated area for the program and are not permitted to wander or roam the Grimmway Academy campus.
5. Participants are responsible for their own belongings; K2C/Grimmway Academy will not be responsible for any lost, stolen or damaged property.
6. Please walk at all times while on the Grimmway Academy campus.
7. Behave appropriately while on the Grimmway Academy campus.
8. Telephones are for K2C/Grimmway Academy business only.
9. Take care of all furniture, equipment and materials and use them properly. Be sure to tell a staff member if something is broken.
10. Please wear closed toed shoes at all times.
11. Food and snacks may only be eaten in designated areas. Participants are expected to pick up after themselves.
12. The use of tobacco, drugs, alcohol as well as smoking and gambling and the possession of weapons in or around the campus are prohibited and will result in immediate dismissal from the program.
13. Enter and exit from the designated doors only.
14. Please make sure to throw away all trash and recyclables in the appropriate receptacles.
15. Be considerate of our neighbors, their property, and their yards.
16. The K2C program is a safe place to come and be with friends. Participants are expected to be respectful to all staff, participants, visitors and the general public.
17. Keep your hands and feet to yourself. Hitting another participant is grounds for program suspension or dismissal. If you have a problem, need help or have any questions, please ask the staff for assistance.
18. Disrespect of the staff, refusal to follow instructions, fighting, and/or bullying of any type, are grounds for immediate suspension or dismissal from the program.
19. Please respect other people's property. If a participant is caught stealing, they will be dismissed.
20. We provide homework assistance in the Kern to College Partnership program; a minimum of thirty (30) minutes is required for all participants to work/complete homework.

Participant: _____

UID: _____

Student Survey (page 1 of 3)

Name of Student: _____ UID: _____ Date: _____

Who usually helps you with your homework?

- Your mother, father or guardian
- Another adult in your home
- A Tutor at school
- A teacher at your school outside your regular classroom
- Your brother(s) or sister(s)
- A classmate or friend
- Someone else, Who? _____

What type of student do you consider yourself?

- Excellent
- Good
- Fair
- Poor

How important do you think getting an education beyond high school is to your future?

- Very important
- Somewhat important
- Not important
- Don't know

Have you talked with anyone at your school about the . . .

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| courses you need to take to graduate from high school? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| grades you need to get to graduate from high school? | <input type="checkbox"/> | <input type="checkbox"/> |
| courses you need to take to go to college? | <input type="checkbox"/> | <input type="checkbox"/> |
| grades you need to get to go to college? | <input type="checkbox"/> | <input type="checkbox"/> |
| entrance requirements for college? | <input type="checkbox"/> | <input type="checkbox"/> |

How many years of each of the following types of courses do you need to graduate from high school?

	None	1	2	3	4	Don't know
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important to you is what each of the following people think you should do about your education? (CHECK ONE BOX EACH ROW)

	Not important	Somewhat important	Very important
Parent(s) or Guardian(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidance Counselor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Principal or Assistant Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious leader (minister, priest, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grimmway Academy/Schools staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else. Who? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you think you will continue your education after high school?

- Yes
- No
- Not Sure

Student Survey (page 2 of 3)

Who gives you most of your information about your options for continuing your education after high school?

- | | |
|---|---|
| <input type="checkbox"/> Parent(s) or Guardian(s) | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Guidance Counselor(s) | <input type="checkbox"/> Religious leader (minister, priest, rabbi, etc.) |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Principal or Assistant Principal | <input type="checkbox"/> Someone else. Who? _____ |
| <input type="checkbox"/> Brother(s) or sister(s) | |

Have you taken or are you planning to take the following tests?

	<u>Never heard of test</u>	<u>No, I don't plan to take</u>	<u>Yes, I've already took it</u>	<u>Yes, I plan to take it</u>
PSAT.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAT (Scholastic Aptitude Test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACT (American College Testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other college admissions tests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Placement (AP) test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASVAB (Armed Services Vocational Aptitude Battery)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How far in school do you think you will get after high school? (Check only one)

- | | |
|---|---|
| <input type="checkbox"/> Don't plan to continue education after high school | <input type="checkbox"/> BA or Bachelor's degree (4-5 year degree) |
| <input type="checkbox"/> Certificate (less than 2-year degree) | <input type="checkbox"/> Graduate or professional degree (MA, Ph.D., law, MD) |
| <input type="checkbox"/> AA or Associate's degree (2-year degree) | <input type="checkbox"/> Don't know how far |

What is the main reason you would not continue your education after high school? (Check one)

- | | |
|--|---|
| <input type="checkbox"/> It costs too much or I cannot afford it | <input type="checkbox"/> I want to start a family or I need to take care of my family |
| <input type="checkbox"/> I need or want to work | <input type="checkbox"/> Some other reason. What reason? _____ |
| <input type="checkbox"/> My grades are not good enough | |
| <input type="checkbox"/> I'm just not interested | |
| <input type="checkbox"/> I want to join the military service | |

Do you think a person with a college degree earns more money in a year than a person who does not have a college degree?

- | | | | |
|-------------------------------------|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Definitely | <input type="checkbox"/> Probably | <input type="checkbox"/> Probably not | <input type="checkbox"/> Definitely not |
|-------------------------------------|-----------------------------------|---------------------------------------|---|

Do you think you will be able to afford to attend a 4-year college or university after high school?

- | | | | |
|-------------------------------------|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Definitely | <input type="checkbox"/> Probably | <input type="checkbox"/> Probably not | <input type="checkbox"/> Definitely not |
|-------------------------------------|-----------------------------------|---------------------------------------|---|

What do you believe your academic strengths are?

What do you believe your other strengths are?

Student Survey (page 3 of 3)

How much education do you think your parent(s) or guardian(s) want you to get?
(IN EACH COLUMN, CHECK ONLY ONE)

	Father (or male guardian)	Mother (or female guardian)
Does not apply	<input type="checkbox"/>	<input type="checkbox"/>
Less than high school graduation	<input type="checkbox"/>	<input type="checkbox"/>
High school graduation only.....	<input type="checkbox"/>	<input type="checkbox"/>
Certificate (less than 2-year degree).....	<input type="checkbox"/>	<input type="checkbox"/>
AA or Associate's degree (2-year degree)	<input type="checkbox"/>	<input type="checkbox"/>
BA or Bachelor's degree (4-5 year degree)	<input type="checkbox"/>	<input type="checkbox"/>
Graduate or professional degree (MA, Ph.D., law, MD).....	<input type="checkbox"/>	<input type="checkbox"/>

Did any of your family members attend or complete college?

	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
Mother or female guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father or male guardian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother(s) or sister(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On average, how many hours of sleep do you get a night? _____

I have strong and effective time management skills.

Excellent Good Fair Poor

I have strong and effective organizational skills.

Excellent Good Fair Poor

I have strong and effective study skills.

Excellent Good Fair Poor

I have strong and effective work habits.

Excellent Good Fair Poor

What help/support do you think you need to successfully complete high school and prepare for college?

Parent Survey

Name of Parent: _____ Name of Student: _____

Language Preference?

- English
 Spanish
 Other _____

What is the best way to contact you?

- Call Home
 Text Message
 Other _____
 Call to Cell Phone
 Email

What is the best way to deliver information to you?

- Group Meeting
 Remind Message
 Facebook
 One-on-One meeting
 Instagram
 Program Website
 Email
 Twitter
 Other _____

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I have regular access to a computer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have regular access to the internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I actively communicate with my child's teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I attend parent meetings/events at my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I access my student's grades regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to provide homework support for my student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who my student's counselor is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you view your child's actual academic progress so far?

What do you believe your child's academic strengths are?

What do you believe your child's other strengths are?

What are your goals for your child?

What do you think your child needs? (How might this program assist them?)

What might prevent you from participating in parent meetings/events this year?

Participant: _____
UID: _____

Acknowledgement

Parent/Guardian: Please initial and sign below

_____ I, the parent/guardian of the minor child listed on this application, agree that all the information entered above is true and correct to the best of my knowledge.

_____ I understand that K2C's services are recreational and once on campus, K2C participants must sign in and remain for the duration of the program. Participants may only leave with prior written notice from a parent/guardian or if signed out and picked up by a parent/guardian. Participants must sign out at the time of departure. Once participants leave the campus, they are no longer under our control or supervision. Be sure your child knows exactly what you expect from them.

_____ I hereby consent to the disclosure and exchange of my child's educational records, including records containing personally identifiable information protected by the Family Educational Rights and Privacy Act ("FERPA"), between K2C, Grimmway Schools, and the Kern High School District, to the extent and for the duration necessary to facilitate my child's participation in K2C. Such disclosure will end when my student's participation with K2C ends, or I revoke consent.

_____ I give my permission for my child to be filmed or photographed while participating in K2C, and for those images to be used by K2C/Grimmway Schools to promote, advertise, or document the program. I understand that these images are the sole property of K2C/Grimmway Schools and that they may be used in print or digital media, including on social media, in displays, and printed materials published by and/or for K2C or Grimmway Schools. I further understand that my child will not be compensated for the use of their image and K2C/Grimmway Schools will not use these materials for compensation. I understand that this grant of permission may only be revoked in writing by the child's parent/guardian and such revocation shall not impact images created while permission was in place.

_____ I authorize K2C/Grimmway Academy to contact, and if necessary, release my child to any of the above individuals listed as an Emergency Contact, including the above listed co-parent, in the event of an emergency where I cannot be reached. During an emergency, my child will not be released into the custody of a minor or sibling.

_____ In the event of an emergency, when a parent/guardian is unavailable, I hereby authorize K2C/Grimmway Academy to make any necessary arrangements for my child to receive medical care, including any necessary emergency transportation. I further authorize the requisite medical professionals to undertake such care and treatment as may be needed.

_____ I have read the contents of this application and questionnaire and have reviewed and understand the rules of K2C and request that my child be admitted into the program. I have explained K2C's rules and policies to my child and my child understands them and agrees to abide by them.

_____ I understand that K2C/Grimmway Schools/Grimmway Academy will not be responsible for any accident or injury to the child while on the Grimmway Academy campus, or while engaged in any K2C activities while away from the Grimmway Academy campus.

_____ I understand that for the purpose of evaluating and improving our programs, my child may be asked to participate in surveys by K2C/Grimmway Schools.

_____ I understand that my child will not be permitted to participate in K2C if he/she has any contagious illness, e.g. lice, pink eye, skin rashes, ring worm, warts, fungus, etc. or any other type of contagious illness/ailment, or health issues or disabilities that cannot be reasonably accommodated.

K2C and Grimmway Schools prohibits any form of discrimination against any person on the basis of race, color, religion, sex, gender, pregnancy, age, national origin, disability, sexual orientation, marital status, status as a victim of domestic violence, citizenship or immigration status, creed, genetic predisposition or carrier status, unemployment status, partnership status, military status, or any other applicable legally protected status in the administration of its membership policies, employment, scholarship and athletic and other programs and functions.

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, absolve, indemnify, acquit, agree to hold harmless and forever discharge the Kern to College Partnership, Grimmway Schools, Grimmway Academy, Grimmway Academy Arvin, RLG Land Foundation, Nectarine Court LLC., their directors, officers, organizers, sponsors, staff, representatives, volunteers, participants, successors, insurers, assigns and any other person or entity associated with any of the above organizations, for, from and against all liability, claims, demands, or courses of action for any and all loss, damage, injury, or death and any claim of damages, known or unknown, which may occur as a result of use of facilities owned or controlled by the above organizations, or participation of the above named child in any and all activities whether the result of negligence or for any other cause of the said organizations either at or away from the Grimmway Academy campus. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Parent 1/Guardian 1 Name Parent 1/Guardian 1 Signature Date

Parent 2/Guardian 2 Name Parent 2/Guardian 2 Signature Date

Participant Name Participant Signature Date

**AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of: Grimmway Academy Arvin (School)

(Student Name: please print)

(Grade)

has my permission to participate in the following extra-curricular activity, club, program, or special class:

Grimway Academy Alumni Association/ the Kern to College Partnership

to be held at Grimmway Academy Arvin Supervising Teacher Dr. Jara Guerra

Days/Months/Times: Monday/ Friday (3pm to 6pm) & Tuesday/Thursday (4pm to 6pm) in the months of August - May

PARENTS, PLEASE NOTE: It is a privilege, not a right, to participate in extra-curricular activities; the privilege may be revoked at any time. The acceptance and inclusion of student is at the discretion of School and subject to program standards and criteria. Student shall comply with all applicable codes of conduct and maintain high ethical and moral standards.

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If student believes that an unsafe condition or circumstance exists with respect to activity(s), student will discontinue participation and immediately notify Principal or Assistant Principal. Student shall not further participate until the unsafe circumstance is remedied.

By signing below: (1) I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); (2) I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); (3) I have no question regarding the intent of this agreement; (4) I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and (6) I have explained this agreement to the student, who understands his/her obligations hereunder.

X _____
Authorized Signature of Parent or Guardian

**AUTHORIZATION FOR
MEDICAL CARE**

If it becomes necessary for my child to have medical care while participating in this activity, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

Student Name: _____

Home Address: _____

Parent/Guardian Home Phone No.: _____

Parent/Guardian Work Phone No.: _____

Emergency Contact Phone No.: _____

X _____
Authorized Signature of Parent or Guardian

Parent or Guardian's Name (please print)

Date: _____

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.