



2016 - 2017 CONTRACT



Coordinated by: Building Awareness. Inspiring Hope.

Student Name: _____ **Date of Birth:** _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail Address: _____

Check One: Male Female Transgender Other

School: _____ **Grade:** _____

Race / Ethnicity (check all that apply):

- White Black or African American American Indian or Alaskan Native
 Asian Hispanic or Latino Native Hawaiian or Pacific Islander
 Unknown Other: _____

What is the primary Language spoken in the home?

- English Spanish Hmong Other

How would you like to be contacted about announcements? (check all that apply)

- E-mail Phone In Meetings Through Text Messages

Parent / Guardian Name (s): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail Address: _____

What is your household income? (Information requested for grant-reporting purposes)

- \$0 to \$9,999 \$23,000 to \$33,999 \$75,000 or more
 \$10,000 to \$14,000 \$34,000 to \$49,999 \$15,000 to \$22,999 \$50,000 to \$74,999

OVER

Name of Son / Daughter: _____

AS THE PARENT / GUARDIAN OF THE ABOVE NAMED STUDENT:

- I give permission for my student to participate in all LEAD activities and programs including volunteer programs, training events, social events and education programs.
- I give permission for Starting Point to transport my student to and from all activities and programs.
- I give permission for my student to drive when needed to and from Starting Point activities and programs.
- I give permission for Starting Point to take photographs and/or videos of my student to promote the LEAD program and mission in all forms of media to promote the LEAD program and mission.
- I give permission for Starting Point staff to secure appropriate medical attention for my student in the event of an emergency. *

Please list any additional medical or dietary information which we should be aware: (Allergies, Medications, etc.)

LEAD YOUTH COMMITMENT

Not only do I believe in the values of the LEAD Program but I also believe in myself and my worth as a person. As a member of LEAD, I will be a role model for the community in living and promoting a drug and alcohol free life in high school both in and out of school. I recognize that as a member of LEAD, my peers will be looking at me to set an example by making smart choices.

Therefore, I will do my part to keep the integrity of the LEAD program and do commit to an alcohol, tobacco and other drug-free lifestyle.

I agree to abide by the above commitment:

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Please hand deliver, fax, e-mail, mail or drop off this form to your school’s advisor or to your LEAD/Champions Coordinator or Advisor:

LEAD/Champions Coordinator
11514 N Port Washington Rd, Suite 120
Mequon, WI 53092
(262) 241-1004
start@startingpointwi.org

Advisors
Cedarburg HS - Greg Johnson
Cedar Grove/Belgium HS – Megan Smillie
Grafton HS - Chris Hanley
Homestead HS - Tony or Molly Navarre
Northern Ozaukee HS - Andy Gremminger
Port Washington HS - Sarah Olson