



PARENT APPLICATION FORM

DEMOGRAPHIC INFORMATION

Parent/Guardian Last Name: _____ First: _____

Student Last Name: _____ First: _____ MI: _____

Home Address Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

How would you describe your racial background? (Check all that apply)

Hispanic or Latino Asian Black or African American American Indian or Alaska Native

Native Hawaiian or other Pacific Islander White/Caucasian

Parent/Guardian's highest level of education: _____ Annual Household Income: _____

How did you hear about our Bridge to Success Program at Buffalo State College? _____

What qualities does your child have that makes him/her a good fit for this program?

What do you expect your child to learn from this program?

AUTHORIZATION TO PARTICIPATE

I authorize the participation of (Student name) _____ in the summer transition program at Buffalo State College from July 9th to July 13th, 2018. I will be able to provide transportation for my student and understand that the program starts at 9:00am and ends at 3pm each day. I will also be (check one) able not able to attend the parent/guardian session on July 13th, 2018 the last day of the program. I also understand that a refundable deposit of \$25 is required with this application. This will be refunded if my child attends the program or withdraws from it before June 25th, 2018.

Signature of Parent or Guardian: _____ Date: _____