Star Kids’ Commitment to the Student and Parent

If all terms of the Parent Agreement and Student Agreement (for students in grades 6-12) are met each year, Star Kids plans to provide the following assistance until the student graduates from high school:

- Up to $4,000 per year of tuition assistance for grades K-8, and up to $4,500 for high school tuition, to a non-public school for each year your child is in the Star Kids program
- $125 gift certificate per year for school uniforms
- Up to $300 per year of after-school program assistance
- Up to $250 per year of summer program assistance
- Up to $150 per year for high school books
- School field trips (amount and frequency to be determined by Star Kids)
- Tutoring (on a per-case, as-needed basis, as determined by the child’s school and Star Kids)
- Mentoring (on a per-case basis and based on mentor availability)
- Assistance with transportation expenses to and from school (on a per-case basis, as determined by Star Kids)

We encourage you to take advantage of the funds provided for after-school and summer activities so that the students may have as active and enriching an educational experience as possible. Receipts are needed for reimbursement of all activities. Funds designated for one activity (e.g., after-school, summer camps) may not be spent on another (e.g., additional tuition assistance, more summer camps, etc.).

PLEASE NOTE: Star Kids does not provide funds for all fees (insurance, meals, processing or late fees, etc.) required by the school(s) at which you choose to enroll your child/ren. We encourage you to speak with the school and Star Kids prior to enrolling your child to make sure you understand what other costs will be incurred and what your expected total financial contribution will be.

Star Kids’ support ends at high school graduation. Star Kids does not provide assistance for college tuition.
Applications will be accepted beginning September 1 for the following school year. This application form and all supporting documents should be received by March 1 to be given first consideration for the following school year. Decisions are typically made in May.

________________________ Date Received (circle one) Newport Fall River

Part A. Student Information  All information provided is confidential.

PLEASE PRINT!

1. Student’s Name: _____________________________________________________________
2. Student’s Gender: M F Student’s Age: ____________
3. Student’s Race/Ethnicity:
   Caucasian _____ African/American _____ Native American _____
   Hispanic _____ Bi-Racial _____ Multi-Racial _____ Other _____
4. Student’s Date of Birth: Month _______ Day _______ Year __________
5. Telephone Number(s) home: _________________________________________________
   cell: _________________________________
6. Email Address(es): _________________________________________________________
7. Home Address: _____________________________________________________________
   __________________________________________________________________________
8. Full name(s) of parent(s)/guardians(s):
   __________________________________________________________________________
   __________________________________________________________________________
9. Current School: ______________________________________________________
10. Grade at time of application: _______________ Grade applying for: ________
11. Age at time of application: _______________
12. School Contact: __________________________ Telephone: ___________________
13. Does the student have any physical or emotional conditions that Star Kids should be aware of? ____________________________________________________________
14. Has the student ever had a psychological or educational evaluation?  
   Yes _____ No _____ If yes, please explain: ________________________________
15. Family Case Manager/Counselor(s): ________________________________
   Telephone: ________________________________
16. How did you hear about Star Kids? ________________________________

Part B. Family Information

FAMILY HISTORY OF INCARCERATION

1. Please provide a brief summary of the impact that incarceration of family members has had on the applying child: ________________________________

2. Please provide documentation of incarceration (for example, police reports, court records, documentation from a social worker, counselor or approved professional). This is required.
3. Is the child’s biological mother currently incarcerated?  
   (please circle one) Yes  No

4. Was the child’s biological mother formerly incarcerated?  
   Yes  No

5. Is the child’s biological father currently incarcerated?  
   Yes  No

6. Was the child’s biological father formerly incarcerated?  
   Yes  No

7. Does another family member have a history of incarceration?  
   Yes  No

8. If yes, please explain relationship to applicant: ________________________________

If “yes” to any of the above regarding the CHILD’S PARENTS, provide detail:

9. Dates of EACH incarceration/how long served for each conviction, and in what facility (name, location). Please be specific and list each incarceration.
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

10. What were the convictions for? Please be specific for each.
    ____________________________________________
    ____________________________________________
    ____________________________________________

11. Is either parent on parole? If so, who? ________________________________

12. Did either parent have trouble with the law earlier in life? If yes, at what age, and for what?
    ____________________________________________
    ____________________________________________
    ____________________________________________

13. Was either parent a ward of the state as a child/teen? __________________________
FAMILY HISTORY OF SUBSTANCE ABUSE

1. Please provide a brief summary of the impact that substance abuse by family members has had on the applying child: ____________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

2. Please provide documentation of substance abuse (for example, documentation from substance abuse treatment program, a social worker, letter from a counselor or approved professional). This is required.
   (please circle one)

3. Does the child’s biological mother have substance abuse issues now? Yes-No
4. Has the child’s biological mother had substance abuse issues? Yes-No
5. Does the child’s biological father have substance abuse issues now? Yes-No
6. Has the child’s biological father had substance abuse issues? Yes-No
7. Does another family member have substance abuse issues now? Yes-No
8. If yes, please explain relationship to applicant: ____________________________________________

If “yes” to any of the above regarding the CHILD’S PARENTS, provide detail:

9. What substances were abused and for how long? Please be specific.
   ______________________________________________________________________
   ______________________________________________________________________

10. Has the person been in a residential or out-patient treatment program?
11. If so, name(s) of program(s), location(s), dates of programs. *Please be specific.*

____________________________________________________________________

12. Has your family ever had DCF involvement? _________ If yes, please explain.

____________________________________________________________________

13. Is this child currently receiving counseling services? _________ If yes, please explain. List name of counselor and provide contact email/phone number.

____________________________________________________________________

____________________________________________________________________

14. Please list each family member in the household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth/Age</th>
<th>Gender</th>
<th>Relation to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>5.</td>
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<tr>
<td>6.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

15. What school would you like to see your child attend and why? _______________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
16. Is there anything else we should know about the applicant or his/her situation?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

ADDITIONAL INFORMATION (Your application will not be considered without ALL of the following):

- Completed Application
- Documentation of Incarceration and/or Substance Abuse
- Teacher Recommendation (can be sent in by teacher/school or parent)
- Counselor Recommendation (if the child or parent sees a counselor)
- Grades (copy of current report card)
- Financial Information (two of these: 1040, W-2, State Benefit Form, Pay Stubs)
- A current photo of your child

Parent/Guardian Name (Print):
______________________________________________________________________

Parent/Guardian Signature:
______________________________________________________________________

Date: ____________________________
Part C. Financial Information

1. Student's Name: __________________________________________________________

2. Address: ________________________________________________________________

   Preferred Phone Number: ____________________________________________ Home/Cell (circle one)

   Email: ________________________________

3. Student is living with:  Both Parents  Mother  Father  Guardian

   Parents’ Marital Status:  Married  Separated  Divorced  Widowed  Single

4. MOTHER (or GUARDIAN) and FATHER (or GUARDIAN)

   Parent #1/Guardian/Live-In Domestic Partner

   Name: ________________________________________________________________

   Address: ________________________________________________________________

   Preferred Phone Number: ____________________________________________ Home/Cell (circle one)

   Email: ________________________________

   Annual Salary: ________________________________

   Occupation: ________________________________

   Employer’s Name: ________________________________

5. Parent #2/Guardian/Live-In Domestic Partner

   Name: ________________________________________________________________

   Address: ________________________________________________________________

   Preferred Phone Number: ____________________________________________ Home/Cell (circle one)

   Email: ________________________________

   Annual Salary: ________________________________

   Occupation: ________________________________

   Employer’s Name: ________________________________

   Employer’s Phone Number: ________________________________
6. What is your current annual household income? *(NOTE: This includes every single person, related or not, who lives in the household) ____________________________________________

7. # of dependent children in Elementary School ___________ High School ___________
   College ___________

8. Are you on Public Assistance? ______ Yes ______ No
   ADC#__________________________________________________________

9. Amount received bi-weekly: ___________________________
   Amount of food stamps received bi-weekly: __________________________

10. If you are receiving Social Security, what is the amount received each month?
    (please attach documentation)
    For you $ __________________ For spouse $ __________________
    For children $ __________________

11. If you are separated or divorced, how much money on a monthly or yearly basis do you receive from your spouse? ____________________________________________________________

12. What is your monthly rent? ________________________________

13. Do you have any other source(s) of income or assets? Yes ________ No ________

14. If yes, what are they and how much annual income do they provide?
    ____________________________________________________________________
    ____________________________________________________________________

15. **Proof of Income:** *(APPLICATION WILL NOT BE CONSIDERED COMPLETE IF THIS IS NOT RECEIVED)*

   Each Parent/Guardian/Step-parent/Domestic Partner must include documentation of income in **TWO** of the following forms:
   
   - Your most recent Federal and State tax returns filed (Form 1040A or 1040EZ); **AND**
   
   - A copy of a W-2 Form and 2 pay stubs (or one month’s worth of pay stubs) from your current, or most recent, job **OR**

   - Documentation of public assistance (SNAP, Supplemental Security Income, etc.)

16. Please tell us the circumstances that make financial aid necessary:
    ____________________________________________________________________
    ____________________________________________________________________
By signing below, I declare that the information provided in this Financial Aid Form is true, correct and complete to the best of my knowledge.

**Name of Parent or Guardian** (please print or type):

_________________________________________________________

Signature: _____________________________________________________________________________

Date: _____________________________________________________________________________
Part D. Teacher Recommendation Form

This form must be filled out by student’s CURRENT teacher.

1. Student __________________________________________ Date of Birth __________________________
2. Current Grade _____ Current Class Size ______ Name of Teacher __________________________________
3. Current School ___________________________ School Phone _________________________________
4. School Address _____________________________________________________________________________
   City/State/Zip ______________________________________________________________________________

TO THE TEACHER: We greatly value the perspectives of the educators who work with our candidates on a daily basis. Your candid observations and descriptions are reviewed with the full awareness that young children are constantly changing and developing. Your responses on this form will be kept in confidence and used for admission purposes only. We strongly encourage the inclusion of any mid-year evaluations or standardized test scores that have been provided to parents. These materials will be used to make a thoughtful enrollment decision.

Classroom Characteristics: Please check somewhere along the continuum

<table>
<thead>
<tr>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Consistently</th>
<th>With Strength</th>
</tr>
</thead>
</table>

SOCIAL SKILLS

5. Respects classroom rules

6. Exhibits self-control

7. Expresses ideas appropriately

8. Assumes responsibility for own actions

9. Works cooperatively with peers

WORK HABITS

10. Stays focused in a large group setting

11. Works cooperatively in a group
12. Works well independently
13. Completes tasks on time
14. Follows written directions

Seldom  Sometimes  Often  Consistently  With Strength

APPROACH TO LEARNING

15. Enjoys new activities
16. Seeks out help when needed
17. Shows initiative
18. Is curious and eager to learn
19. Puts best effort into work

Please comment on this candidate's level of progress and achievement in the following areas:

20. Reading
21. Math
22. Spelling
23. Handwriting
24. Written Expression
25. Social Studies
26. Science
27. Art and Music
28. Computer
29. Foreign Language
30. Athletics

If there is ability grouping in your program, please indicate the candidate’s level in:

31. Reading: High Medium Low
32. Math: High Medium Low

STANDARDIZED TESTING

33. Has this student taken any standardized tests: Yes No

Please attach any test scores.

OVERALL COMMENTS

34. Please supplement your responses with narrative description, information or attachments that would help us know this candidate. We encourage you to note any strengths or weaknesses and whether you have adjusted your program to accommodate the abilities or needs of this student.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

35. PARENT INFORMATION

Please characterize the parent cooperation and support for this child’s school experience.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Teacher’s Signature _____________________________ Date: _____________________________

Please list your phone number(s) if you would prefer to discuss this candidate by telephone.

______________________________________________________________________________________
Part E. Counselor/Social Worker Recommendation       Date:__________

This form must be filled out by the parent’s CURRENT counselor or social worker

We greatly value the perspectives of the counselors who work with the parents of our student candidates on a regular basis. Your responses on this form will be kept in confidence and used for admission purposes only. Your responses will be used to make a thoughtful enrollment decision.

1. Name of Star Kid Student Applicant __________________________________________________________
2. Parent's Name ____________________________________________________________________________
3. Name of Parent's Counselor/Social Worker ______________________________________________________
4. Agency __________________________ Agency Phone Number ____________________________
5. Agency Address ____________________________________________________________________________
6. City/State/Zip ____________________________________________________________________________

TO THE COUNSELOR/SOCIAL WORKER:

We are looking for a parent who has completed his/her incarceration and/or drug rehab or is working on his/her drug rehab, has been re-united with his/her child and would like to put his/her past behind them and make a brighter life for him/herself and his/her child. This parent should understand the value of an excellent education, appreciate this opportunity, and be willing to do what is necessary to help his/her child succeed in a non-public school. This includes:

• making sure the child arrives at school on time every day (Please stress the importance of attending school every day and being on time. Ten days or more of unexcused absence is considered “educational neglect.” We are mandated to report excessive absences and tardiness to the state.)
• providing transportation to school, if needed
• providing lunch
• helping with homework and projects
• attending parent/teacher conferences
• returning phone calls or emails promptly
• working cooperatively and politely with teachers, principals and Star Kids staff

7. We would like to make this a successful experience for the student and parent. Based on your experience with this parent, we would like to know if you think the Star Kids Program is a good match for this parent and child, and why.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. As a scholarship program, we are not able to provide social services to this family. We need to know that the parent will be receiving counseling on a regular basis in order to receive additional help when needed.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. How long have you worked with this parent, and for how long do you plan to work with him/her?

________________________________________________________________________
________________________________________________________________________

10. Are you available to help the parent with ongoing family problems and emergency situations?

________________________________________________________________________

Signature of Counselor/Social Worker: ________________________________

Date: ________________________________
AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Student’s Name: _____________________________________________________________

Date of Birth: ______________________

Student’s Address: ___________________________________________ Apt. #: _____

City/State/Zip Code: _______________________________________________________

School Name: _____________________________________________________________

Student’s Current Grade: ____________

Information Requested:

___General School Record/Report Card ___Speech/Language Evaluation
___Resource Information ___Psychological Evaluation
___Social History ___Educational Evaluation
___Behavioral Evaluation ___I E P
___Standardized Test Scores

In consideration of my child’s participation in the Star Kids Scholarship Program, I hereby give my permission for the above information to be sent by my child’s school to the Star Kids Scholarship Program for as long as my child participates in the Program.

I understand that this information shall not be released by the school to any other recipient without my written permission. I also understand that I may withdraw this consent at any time in the future.

Name of Parent or Guardian

(please print): _____________________________________________________________

Signature: __________________________________________ Date: _____________
PARENTAL AUTHORIZATION TO RELEASE INFORMATION

Student’s Name: ____________________________________________________________

Date of Birth: ___________________________ Current Grade: _________

In consideration of my child’s participation in the Star Kids Scholarship Program, I hereby agree that any information pertaining to the educational, financial and/or personal well-being of my child may be shared by my child’s school directly with the Star Kids Scholarship Program staff, my child’s mentor, and my child’s scholarship sponsor. This includes, but is not limited to:

- Report cards, progress reports and teacher/advisor/coach comments (as they are issued, by trimester or semester)
- Test scores
- Standardized test results
- Results of child and/or family assessments
- Disciplinary records
- IEPs
- Speech/Language, Psychological, Behavioral and/or Psychological Evaluations

I understand that Star Kids may contact my child’s school or another agency directly to obtain this information as needed. I also agree to allow Star Kids Scholarship Program to share their information about my child to any agency helping my child.

This release shall be valid for the duration of my child’s participation in the Star Kids Scholarship Program.

Name of Parent or Guardian:

(please print) __________________________________________________________

Signature: ___________________________ Date: ________________