

Student Enrollment Kit

The staff of the TD Foundation are delighted to have your child participate in our programs. Your child will find comprehensive programs to help him or her achieve a higher level of success in school.

Our goals are to help students:

- Help Students Overcome and Achieve Results.
- Help improve overall Grade Point Average
- Help acquire a high school diploma
- Provide tools for student to succeed
- Improve school conduct
- Increase school attendance

Our team will work to assist students in completing their homework, in a safe environment conducive to learning. Students are assigned to once a week drop-in, with session beginning at 4:30pm and ending at 6:00pm pm (Tuesdays). Beginning at; they spend about an ½ hour working on their homework followed by participating in games, activities, and group discussions.

Most students remain at YWLA for about 1 ½ hours. In addition to the homework assistance, we provide:

- A healthy snack
- Structured activities and group discussions
- A well-equipped and staffed facility and computer lab for individual study
- Community/Volunteer Projects
- Video Games
- Field Trips and College Tours

In order to participate in this program, you and your child must complete this form and provide the documents specified below. TD Foundation students are expected to:

- Come to their assigned homework session on time, with all necessary text books and homework assignment sheets.
- A respectful attitude and willingness to participate and succeed.
- Abide by a code of conduct while at YWLA with TD Foundation.

How to Enroll

To enroll your child, please complete all spaces on the inside of this form. The student then signs in one place and you sign in two places. Students also complete SOAR student conduct form.

Submit this form to the Officer Dye at Young Women's Leadership Academy (YWLA), along with:

- A copy of the student's most recent school **progress report** or **report card**
- A copy of the student's school system **student ID card**

If you need help with enrollment, please Contact us: **(682) 220-9877**

Student Information

Student Name: _____ Age: _____ Sex: M F
Race/ethnic (check one): White Black Hispanic Asian Amer. Ind. Other _____
School: _____ Grade: _____
Home Address: _____ Apt. #: _____
City/State: _____ Zip Code: _____
Phone Number: _____ Date of Birth: _____ Student ID No.: _____
Subjects I like best are: _____
I would like help in: _____
I want my GPA to be: _____

As a member of TD Foundation, I promise to bring in a progress report from my teachers every 2 weeks. I also promise to bring in my report card every 9 weeks. I agree to follow all rules and regulations established by the administration and staff at the YWLA. I am aware that any disruptions or discipline problems may result in my being suspended or permanently dismissed from TD Foundation.

Student Signature: _____ **Date:** _____

Parent or Guardian Information

Parent/Guardian Name(s): _____
Home Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Evening Phone: _____ Daytime Phone: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____ Alternate Emergency Phone: _____

As legal parent/guardian(s), I/We hereby give the above student permission to participate in the TD Foundation's education, recreation, and physical fitness programs. I/We agree to provide support and encouragement to our child as a participant in the Foundation. I/We give permission for the TD Foundation program staff to request specific information from the student's school, including grades, attendance records, reports, and other data.

In consideration of our child's right to participate in the Foundation activities, I/We hereby waive, release and discharge all rights or claims which I/We may have against TD Foundation, its sponsors, their respective subsidiaries, affiliates, directors, officers, employees, members and staff (collectively "TD Foundation" sponsors) because of our child's participation in the TD Foundation. Further, I/We agree to defend, indemnify and hold the sponsors harmless against all claims, actions or suits which may be brought because of damages or losses sustained because of participation in the TD Foundation.

I/We understand and acknowledge that our child can and will be asked to withdraw from this program at the discretion of the program staff should the child become a disciplinary problem and/or disrupts the operation of the program. I/We also understand that students may occasionally be photographed or filmed for promotional purposes and I/We agree to having our child's photo appear in news reports about the Center or in Foundation promotional materials or Web sites.

Parent/Guardian Signature: _____ **Date:** _____

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TD Foundation Consent and Waiver

The following form must be read and signed by you, your parent(s) or legal guardian(s), and the teacher, counselor, or administrator. Signed consent and waiver documents will be kept on file.

By signing the Consent and Waiver form, attached, I _____ (print name here) and my parent(s) or legal guardian(s) agree to abide by the following restrictions. I have discussed these rights and responsibilities with my parent(s) or legal guardian(s).

The student and his/her parent(s) or legal guardian(s) must understand that student access to TD FOUNDATION work is being developed to support the Foundation educational responsibilities and mission. The specific conditions and services being offered will change from time to time. In addition, the Foundation makes no warranties with respect to TD FOUNDATION service, and it specifically assumes no responsibilities for:

1. The content of any advice or information received by a student from a source, or any costs or charges incurred because of seeking or accepting such advice.
2. Any costs, liability, or damages caused by the way the student chooses to use his/her TD FOUNDATION access.
3. Any consequences or service interruptions or changes, even if these disruptions arise from circumstances under the control of TD FOUNDATION.

By signing this form, I agree to the following terms:

1. My use of the TD FOUNDATION must be consistent with the primary goals of the TD FOUNDATION.
2. I will not use TD FOUNDATION for illegal purposes of any kind.
3. I understand that misuse may occur in many forms, including the sending or receiving of messages which indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and/or other issues described in this document. I will not use the TD FOUNDATION to transmit threatening, obscene, or harassing materials. The TD FOUNDATION will not be held responsible if I participate in such activities, or for any such behavior on my part.
4. I will not use the TD FOUNDATION to interfere with or disrupt work users, services, or equipment through the distribution of unsolicited advertising, propagation of computer viruses, using printers other than those designated at TD FOUNDATION for student use, and using the work to make unauthorized entry to any other machine accessible via the work or by any other means.
5. I will not use the TD FOUNDATION to access information or resources unless permission to do so has been granted by the owners or holders of the rights to those resources or information. It is assumed that information and resources accessible via TD FOUNDATION are private to the individuals and organizations which own or hold the rights to those resources and information unless specifically stated otherwise by the owners or holders of the rights.

TD FOUNDATION Consent and Waiver Required Signatures

Student Health Information

Does your child have allergies to any foods or medicines? If Yes, please list:

_____ List: _____

Yes No

Check below if your child has ever had the following conditions:

	Yes, No		Yes No
Low Blood or Anemia	_____		Sickle Cell _____
Asthma or Wheezing	_____		Seizures/Epilepsy _____
Broken Bones	_____		Trouble with Hearing _____
Trouble with Seeing	_____		Kidney/Bladder Infection _____
Heart Murmur/Heart Problems	_____		Pregnancy _____
STD's	_____		Convulsion/Fit/Spell _____
HIV	_____		Hepatitis _____

In the event of a serious accident or illness, I request the TD Foundation to contact me. If I cannot be reached, the Foundation may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to treatment at a hospital or other medical facility. I will assume responsibility for payment for services rendered. In case of an accident or illness where immediate treatment of my child is not necessary, but where he/she is unable to remain at the Center, I request that the Center attempt to contact me first at the numbers I have provided to arrange transportation for my child. If I cannot be reached, please contact the emergency contact I have listed.

Diabetes	_____		Other (describe) _____
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__ List any medications your child is currently taking:

PLEASE PRINT

STUDENT SIGNATURE

I understand and will abide by the provisions and conditions of this contract. I understand that any violations of the above provisions may result in disciplinary action, the revocation of my access privileges, and/or appropriate legal action. I also agree to report any misuse of the information systems to the school site administrator, teacher, or technology representative. All the rules of conduct described in TD FOUNDATION policies, procedures, and handbooks apply when I am on the work.

Student Name _____, _____, _____
(last) (first) (middle)

SIGNATURE OF STUDENT

DATE

PARENT OR LEGAL GUARDIAN SIGNATURE (required for students under the age of 18)

As the parent or guardian of this student, I have read this contract and understand that Inter access via TD FOUNDATION is being provided solely for educational purposes. I understand that it is impossible for the TD FOUNDATION to restrict access to all controversial materials, and I will not hold the TD FOUNDATION responsible for materials acquired on the TD FOUNDATION. I also agree to report any misuse of the information system to the school site administrator, teacher, or technology representative. I accept full responsibility for the supervision of my child should he/she use remote connections to the TD FOUNDATION in any other setting.

Please complete all of the information below and return the TD FOUNDATION Consent and Waiver portion of this document to the Programs Director or CEO for approval. Your Inter access will not be granted without the completion of all informational items listed.

(Please print)

Parent or Guardian Name _____ Home Phone _____ Cell Phone _____

SIGNATURE OF PARENT/GUARDIAN

Date

PARENT NOTIFICATION/PERMISSION SLIP

FOR YOUR CHILD’S SAFETY, S/HE CAN ONLY BE ALLOWED TO LEAVE THE PROGRAM WITH (1) YOU (THE PERSON ENROLLING THE CHILD) (2) PERSON’S YOU HAVE LISTED BELOW; AND (OPTIONAL)

(3) A PERSON NOT LISTED BELOW IN AN EMERGENCY WHEN:

- a. YOU HAVE TOLD THE PRGRAM DIRECTOR IN PERSON OR BY PHONE THAT THE PERSON IS COMING TO PICK UP THE CHILD, AND b. YOU SEND A SIGNED AND DATED NOTE WITH THAT PERSON AUTHORIZING THE RELEASE OF THE CHILD

MY CHILD(REN) _____ MAY LEAVE THE TD FOUNDATION WITH THE FOLLOWING PEOPLE:

Name	Home Phone Number	Work Phone Number	Relationship to Child

Please initial and date the following statements if you child your child(ren) to be dismissed early. Regular dismissal is as follows: First dismissal is 5:30PM; last dismissal is 5:45PM.

1. _____ I give permission to the TD Foundation to release my child(ren) before the end of the program. (As a situation may arise students will occasional need to be released or to leave early for personal reasons. If you wish to have your child participate in these practices, please initial number one. If you do not initial number one, we will not allow your child to leave the premises.)

2. _____ I give the TD Foundation authorization to release my child from school per telephone permission. This applies only to parent/guardians listed above. (We realize with most parents working today that it is difficult to come in person to sign your child out when they are ill or have an emergency arise. If you like to give your child permission for your child(ren) to leave. Foundation with permission over the phone, please initial number two.)

This permission slip is also for all field trips that we plan for the children during the year as well as any education classes we give at the center. Please initial and date that you understand the following two items.

1. _____ I give permission to the TD Foundation to allow my child(ren) on any trips that the center feels are appropriate for my child(ren).

2. _____ I give permission to the TD Foundation to access school records for STAR score and classroom assignments. PUT IN STUDENT ID# _____.

I have read and understood the above guidelines. I understand these rules and policies apply to all students enrolled in the TD Foundation.

STUDENT SIGNATURE _____ DATE _____

PARENTS SIGNATURE _____ DATE _____

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Student Letter of Commitment

What being committed to The TD Foundation means:

1. The student must come to the YWLA every Tuesday of the scheduled program, unless less days are authorized by staff and there is no school in Dallas County. (Exceptions: Athletes, Sports)
 - a. If you miss more than two days in any month, you must have a parent/guardian notify staff.
2. You will be expected at all fundraisers to help the Foundation raise money for your activities.
 - a. If for any reason you cannot be there, you must get a letter from parent/guardian/teacher/coach, that you must be excused and the reason why.
3. Your school /homework assignment book must be completed during tutoring.
4. Each time you receive your report card you must bring it to the TD Foundation so that we can make a copy.
 - a. If your grade goes down in any subject, you will be expected to ask for extra work in that subject until your next report card (work maybe provided by teachers).
 - b. If you do not do the extra work and your grades remain low, you will not be allowed to go on any trips until the next report card period (or until your grade has gone up).
5. Your behavior in and out of school is important. The TD Foundation has a Code of Conduct that must always be adhered to. If you are involved in any of the following activities, you will be suspended from TD Foundation.
 - a. Cursing, disruptive behavior or disrespect – Ten (10) school days.
 - b. If you are suspended from school, you are suspended from TD Foundation.

I, _____ agree to be committed to The TD Foundation and understand all the above.

SIGNATURE OF STUDENT

Date

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PARENT/GUARDIAN RESPONSIBILITIES

I, _____ THE PAREN/GUARDIAN OF
_____ WILL BE COMMITTED TO TD FOUNDATION.

- Whenever a parent/guardian has free time they can volunteer and/or attend fundraisers to help raise money for the youth.
- Attendance is expected to all “Parent Nights”. The Foundation will make sure that that parents/guardians are told in advance about these events so that arrangements can be made.
- It is the parent/guardian responsibility to make sure their child/children obey all the rules of the Foundation.
- Parent/guardian is responsible for providing the Programs Manager with the student’s ID number. This will be used to track students in school progress and assignments.
- Parent/guardian must submit a schedule of your child’s extracurricular activities such as football, basketball, track etc. at school so we know when not to expect them.

By signing below, I make all the of the above commitments to myself and to The TD Foundation

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

THE SCHOOL DISTRICT OF GRAND PRAIRIE ISD DEPARTMENT OF
SUPPLEMENTAL EDUCATIONAL SERVICES
Release or Transfer of Student Information

Student Name (*last, first, middle*) _____ Student
Birth Date _____ School _____
Parent/Legal Guardian Name _____

requesting
records
Name of Agency or individual releasing records _____

Mailing Address _____

Contact Name _____

Contact Telephone Number (____) _____ Ext. _____ Send

Records to (if different from above) TD Foundation

Mailing Address P.O. Box 535391 Grand Prairie, TX 75053

Contact Name Takesha Dye

Contact Telephone Number (682) 220-9877 Fax Number _____

Email Address TDFFOUNDATION@MAIL.COM

List the specific information requested (medical, psychological, psychiatric, and educational)

Report card _____

Progress report _____

Provide the reason for requesting the information (be specific)

Educational planning and programming for an after-school tutorial program



I authorize The Grand Prairie ISD School District to release the following medical, psychological, psychiatric, and/or educational records of the above-named student. This release does not expire unless an expiration date is specified below.

If applicable, specify release date: _____

Signature of Parent/Legal Guardian

Date

The following is to be completed by the person releasing the records.

Person Releasing Records _____

Telephone _____

