



## LIBERTY PARTNERSHIPS PROGRAM APPLICATION

### Student:

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Gender:  Male  Female

School Name:  South  Heritage  NFA Main  NFA North

Grade as of 9/2019: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Child \_\_\_\_\_

E-mail \_\_\_\_\_ Student ID# \_\_\_\_\_

Ethnicity: Select all that apply

- Hispanic/Latino     American Indian/Native Alaskan     Asian     Black/African American  
 White     Native Hawaiian/other Pacific Islander





## **LIBERTY PARTNERSHIPS PROGRAM APPLICATION**

### **AUTHORIZATION FOR PARTICIPATION & ACCESS TO STUDENT RECORDS**

By signing this form, the student and parent/guardian agree to the following:

I give permission to participate in the Liberty Partnerships Program. I understand that this form grants LPP



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### OFFICE USE ONLY

Reviewed by

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Eligibility Factor: Check all that apply

1.  2.  3.  4.  5.  6.  7.  8.  9.

10.  11.  12.  13.  14.  15.  16.  17.  18.  19.  20.  21.  22.  23.  24.  25.  26.  27.  28.  29.  30.  31.  32.  33.  34.  35.  36.  37.  38.  39.  40.  41.  42.  43.  44.  45.  46.  47.  48.  49.  50.  51.  52.  53.  54.  55.  56.  57.  58.  59.  60.  61.  62.  63.  64.  65.  66.  67.  68.  69.  70.  71.  72.  73.  74.  75.  76.  77.  78.  79.  80.  81.  82.  83.  84.  85.  86.  87.  88.  89.  90.  91.  92.  93.  94.  95.  96.  97.  98.  99.  100.

Outcome:

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_