COMMUNITY RESOURCE CENTER (CRC)
HOMEWORK ASSISTANCE PROGRAM (HAP)
APPLICATION FORM
2022-2023

STAFF ONLY	
Date Received	
Staff Initials	
Language Spoken English / Spanish	

Head of Household/ Guardian Name:			**Spouse/ Guardian Name:**		
Street Address:			Street Address:		
City, State:		Zip Code:	City, State:		Zip Code:
Home Phone:	Cell Phone:	Work Phone:	Home Phone:	Cell Phone:	Work Phone:
E-mail Address:			E-mail Address:		

Name of Student(s) First, Middle, Last	**Student Resides:** Circle			**Male/ Female**	**Age**	**Grade**	**Name of School**	**Area of Academic Need (Math, English, Reading, Science)**
1.	Father	Mother	Both					
2.	Father	Mother	Both					
3.	Father	Mother	Both					
4.	Father	Mother	Both					
5.	Father	Mother	Both					

Please attach a copy of the student(s) most recent school report card.

Permision to Walk *(7th to 12th grade only)*

Student 1
I grant permission for _____ to walk/bus to and from the CRC HAP throughout the time they are enrolled. Parent initials:_____
Student 2
I grant permission for _____ to walk/bus to and from the CRC HAP throughout the time they are enrolled. Parent initials:_____

Write initials in boxes below:

- ☐ Full-time attendance is expected everyday for the full range of hours offered. My child(ren) may be disenrolled if they do not attend a minimum of 50% of the daily program hours.
- ☐ Irregular attendance may jeopordize my child(ren)'s participation in CRC's HAP.
- ☐ I agree to submit each of my child(ren)'s grades for each reporting period.
- ☐ Due to limited space, submitting this application does not guarantee my child(ren)'s participation in CRC's HAP.

By checking the boxes with my initials and my signature below, it indicates that I have read and understood the aforementioned.

NAME GUARDIAN/PARENT (PRINT) _____ SIGNATURE OF GUARDIAN/PARENT _____ DATE