



REGISTRATION FORM – ACT PREP 2019-2020
ACT PREP PROGRAM – THE ELITE ACADEMY

Date MIDDLE SCHOOL HIGH SCHOOL

STUDENT INFORMATION:

First Name Middle Name Last Name
Address City State Zip

PARENT /LEGAL GUARDIAN INFORMATION:

First Name Last Name Relationship
Home Phone Cell Phone
Email address (parent)
Do you have other children in the program: No Yes If yes, child(ren) name

Does your child receive reduced or free school lunch: No Yes
2018 Annual Household Income: Below \$36,000 \$36,000 and above

ADDITIONAL STUDENT INFORMATION:

Email address (student)
School Grade
Gender Birthdate Age Race SSN (last four digits):
Current ACT Score Month/Year Taken
Have you been a participant in In Full Motion: No Yes If yes, last attended (year)
Extracurricular Activities/Sports and Athletics or Clubs (List)

(OVER – please complete back side)

*****Office Use Only*****

Student and Parent Information Paid Amount
Emergency Information Method Check number
Medical Information Receipt Book Receipt number
Parent Signature Amount Due Expected Payment Date:
Authorization of Release and Signature Cashier Signature
Screener Signature Verified by Signature
Scholarship Wavier:

EMERGENCY INFORMATION:

In case of emergency, after attempting to contact the person listed above, please provide the name of an adult authorized to make a decision regarding your son's/daughter's welfare.

First Name _____ Last Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

PARTICIPANT'S MEDICAL INFORMATION:

Any serious medical conditions: No _____ Yes _____ If yes, explain _____

What medications does your son/daughter take regularly _____

Hospital Choice _____ Allergies _____

Psychologist/Psychiatrist/Therapist _____

Food Allergies: List _____

X _____
Signature of Parent or Legal Guardian (or Participant if 18 years or older)

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION
2019-2020

I, _____, the parent/legal guardian of _____, do hereby authorize In Full Motion, Inc. staff to contact school administrators, teachers and guidance counselors regarding my son's/daughter's academic performance. Information needed includes, but is not limited to the following: evaluations, achievement and aptitude test results (including TN Ready, EOD, ACT, ACT Aspire scores, attendance and discipline records, and transcripts, grade and report cards.

I authorize the organization to use the information described above, for the benefit of my son's/daughter's progress in all academic, athletic and enrichment areas. I hereby grant permission for my child to participate in all programs, publications, field trips and other related activities and I authorize the In Full Motion, Inc. staff to observe and assist my son's/daughter in the school environment and to receive any and all information described above.

I authorize In Full Motion, Inc. to publicize, photograph and/or record my son/daughter's participation for the purpose of raising awareness to the organization's mission and to share success stories of participants to enhance their marketability for college and college scholarships.

Parent or Legal Guardian (print full name) _____

Signature _____ Date _____

Participant's Signature _____ (if 18 or older) Date _____