



Y. W. C. A. Application Form

Helping Early Leavers Program

(Please include \$10.00 application fee with completed application form)

Student Information

Name: _____
First Middle Last

Home Address (Report any changes promptly):

Street City/Town Village District

E-mail Address: _____ Social Security Number: _____

Date of Birth: ____/____/____ Place of Birth: _____
d m yr

(If accepted, you will be required to submit a photocopy of your social security card along with a photocopy of passport or birth certificate)

Is there any religious practice you strictly adhere to?

Contact Information

A. Mother: _____
Mother's First name Maiden Name Married Name

☐

Living

☐

Deceased

Address: _____ Phone Number: _____

E-mail Address: _____ Cell Number: _____

Place of Employment: _____ Job Title: _____

B. Father: _____
Father's First name Surname

☐ Living ☐ Deceased

Address: _____ Phone Number: _____

E-mail Address: _____ Cell Number: _____

Place of Employment: _____ Job Title: _____

C. Guardian : _____
Guardian's First Name Guardian's Surname

Relationship to Student

Address: _____ Phone Number: _____

E-mail Address: _____ Cell Number: _____

Place of Employment: _____ Job Title: _____

D. Parent's Marital Status:

☐ Married ☐ Single

E. Number of brothers: _____ Number of sister: _____

F. Person Responsible for your educational needs? _____

G. In case of an emergency , indicate the person you want the school to contact:

First Name Middle Surname Phone Number

Relationship to you:

☐ Mother ☐ Father ☐ Guardian ☐ Other _____
Please Specify

Educational Information

A. Primary School(s) Attended:

School	Standards	Calendar Year Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Have you ever been suspended or expelled from school? If yes, please say how many times and why.

C. Are you or have you been involved with any community or civic group? *(If yes, please specify)*

D. Have you been acquainted (past or pending) with legal authorities for any matter? *(If yes, please explain)*

E. Date you seek admission for? September _____ Other _____
Year Please Specify

F. **Principal's /Teacher's recommendations forms must be submitted in a sealed envelope for this application to be completed.**

G. **Copy of school transcript must also be submitted for the completion of this application.**

H. If accepted, which program would be your first choice?

☐ **Sewing**

☐ **Cosmetology**

☐ **Hospitality**

(All programs are for duration of two years)

Health Information

Does the child suffer any allergies? (If yes, kindly specify)

Can the child take mild medication such as Tylenol, Benadryl or Aspirin? If yes, which?

In case of an emergency, which hospital should the child be taken to?

Name and contact number of the child's doctor?

Parent/Guardian's Commitment

I agree to give my full support to my child's effort to complete the program she is enrolled in at the **YWCA** by:

1. Ensuring that all monthly fees are paid by the end of the month.
2. Provide school uniforms, text books and supplies required.
3. Check that my child/ward complete all assignments daily and prepare for tests.
4. Attend parent/teacher's meetings and conferences as required.
5. Collect reports on the date assigned.
6. Monitor my child's/ward's conduct to ensure she complies with the Policies and Rules of the school.
7. Being respectful with teachers and administrators when my child's performance, conduct and discipline are being discussed.
8. Supporting the school's curricular activities.

Signature of Legal Parent/Guardian

Date of Signature

Student Declaration

I understand that this application is for admission to the Helping Early Leavers Program at the YWCA and is only valid for the school year as denoted in the section Education Information subsection B. I certify that the information given in this application is completed and accurate, and I understand that to make false or fraudulent statements within this application may result in disciplinary actions, denial of admission or invalidation of promotion or certificates earned.

When accepted to the early leaver's program at the YWCA, to secure my place, my parent/guardian and I must:

- a. Attend an Orientation and make prompt payments.
- b. Agree and abide by policies, rules and regulations of the institution.
- c. Notify the office of admission of any change of information I have given prior to my entry to school.
- d. Understand that the registration fee I submitted with the application is non-refundable.

Applicant's Signature

Date

Parent's/Guardian's Signature

Date

Authorization

I authorize the YWCA to conduct drug testing and/or pregnancy testing on my child if reasonable suspicion develops.

I authorize my child/ward to attend counselling as deemed necessary by the HELP counsellor.

Parent's/Guardian's Signature

Date of Parent's/Guardian's Signature

Official use only

P.S.E certified: _____

Status: Accepted _____ Not Accepted _____

Reasons: _____

Administrator's Signature _____ Date _____

For Administration use only:

School Fees (monthly-due 1st of each month) \$30.00 Amount paid: _____

Receipt No. : _____

Registration (non-refundable) \$200.00

Hospitality course (food handler's certificate) \$20.00 Date: _____