



_____ Date

Jacob's Ladder Enrichment Program
APPLICATION

Name of Applicant _____

Complete Address _____

Street, Route, or Box City State Zip

Social Security Number _____

Date of Birth _____

Gender: _____ Male _____ Female Current Grade _____

Name of School _____

School Address _____

Street, Route, or Box City State Zip

Person to contact at school _____

Phone Number _____ e-mail _____

Name of parent or person with whom applicant resides:

Name _____

Phone Number _____

Address _____

Street, Route, or Box City State Zip

Name of another person who knows the applicant well, such as his/her minister, coach, playground director, adult friend: _____

Phone Number _____

Number of _____ brothers _____ sisters living at home

Total number of people living at home _____

Income of the household: _____ \$0 to \$10,000 _____ \$10,000 to \$20,000

_____ \$20,000 to \$30,000 _____ \$30,000 & up

Is the applicant on a reduced fee or free lunch plan? _____ Yes _____ No

I hereby give my permission to Jacob's Ladder to receive a copy of my child's student record. I understand this information will remain confidential.

Signature of Parent/Guardian _____ Date _____

