



Los Angeles Unified School District  
 BEYOND THE BELL BRANCH  
**BEFORE AND AFTER SCHOOL PROGRAM**  
**APPLICATION/AGREEMENT**

*For Staff Use Only*

|  |  |  |  |  |  |  |  |  |  |
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DISTRICT ID NUMBER

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SCHOOL YEAR

SCHOOL OF ATTENDANCE: \_\_\_\_\_

| Program Applying for: <i>(Only check one)</i> |                          |   |                          |
|---|--------------------------|---|--------------------------|
| BEFORE-SCHOOL                                 | AFTER-SCHOOL             |   | OTHER PROGRAMS           |
| Ready-Set-Go! (RSG)                           | Youth Services           | Grant Funded Program (ASES/21 <sup>st</sup> CCLC/ASSETs)<br>Name of Program _____ | Name of Program _____    |
| <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |

**APPLICANT (Student)**

PRINT NAME CLEARLY    *FIRST*                      *M.I.*                      *LAST*                      DATE OF BIRTH    *MONTH*    *DAY*    *YEAR*                      GRADE

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STREET ADDRESS                      APT #                      CITY                      ZIP CODE

**PARENT(S)/GUARDIAN(S)**

| PARENT'S/GUARDIAN'S NAME  | PARENT'S/GUARDIAN'S NAME  |
|---|---|
| PRINT NAME: <i>FIRST</i> <i>M.I.</i> <i>LAST</i>                                | PRINT NAME: <i>FIRST</i> <i>M.I.</i> <i>LAST</i>                                |
| PHONE NUMBER ( <i>MAIN</i> )                      PHONE NUMBER ( <i>OTHER</i> ) | PHONE NUMBER ( <i>MAIN</i> )                      PHONE NUMBER ( <i>OTHER</i> ) |

**EMERGENCY CONTACT/RELEASE INFORMATION** *(provide a minimum of two contacts)*

| #1: RELATIONSHIP | NAME (FIRST LAST) | PHONE NUMBER(S) | ADDRESS (STREET CITY ZIP) |
|------------------|-------------------|-----------------|---------------------------|
|                  |                   |                 |                           |
| #2: RELATIONSHIP | NAME (FIRST LAST) | PHONE NUMBER(S) | ADDRESS (STREET CITY ZIP) |
|                  |                   |                 |                           |
| #3: RELATIONSHIP | NAME (FIRST LAST) | PHONE NUMBER(S) | ADDRESS (STREET CITY ZIP) |
|                  |                   |                 |                           |

• I/We authorize the Beyond the Bell Before/After-School Program (BASP) to contact, and if necessary, release my child to any of the above individuals listed as an Emergency Contact/Release Information. The above listed individuals must be 18 years or older.

• I/We give my permission for my child to be filmed or photographed. I understand that all film or photos are the sole property of the BASP, and may be used in displays to the public, to publicize the program, or for printed materials published by and/or for the BASP.

• I/We hereby consent to the disclosure of personally identifiable information from my child's education records under the Family Educational Rights and Privacy Act and allow for the Los Angeles Unified School District to disclose such information only to the extent and for the duration necessary for my child to participate in BASP programs.

• The After School Education and Safety (ASES) Program Act of 2002, enacted by initiative statute, establishes the After School Education and Safety Program to serve pupils in kindergarten and grades 1 to 9, inclusive, at participating public elementary, middle, junior high, and charter schools. The act gives priority enrollment in after school programs and before school programs to pupils in middle school or junior high school who attend daily. Pupils who are identified by the program as homeless youth or as being in foster care will be given first priority. Parents/guardians may indicate this information below:

Pupil designation *(please check if applicable)*:     Homeless Youth     Foster Care

• Does your child have any physical, emotional, and/or learning difficulties? If so, please specify: \_\_\_\_\_

• Does your child have any food allergies? If so, please specify: \_\_\_\_\_

**ACKNOWLEDGEMENT**

|                                  |                               |      |
|----------------------------------|-------------------------------|------|
| PARENT'S/GUARDIAN'S NAME (PRINT) | PARENT'S/GUARDIAN'S SIGNATURE | DATE |
| PARENT'S/GUARDIAN'S NAME (PRINT) | PARENT'S/GUARDIAN'S SIGNATURE | DATE |
| SITE COORDINATOR'S NAME (PRINT)  | SITE COORDINATOR'S SIGNATURE  | DATE |