



All information on this document is strictly confidential.



Plan of Action for Challenging Times, Inc. Tutorial Program Application

301 Georgia Street, Vallejo, CA 94590

Phone (707) 556-9357 Fax (707) 556-9387

STUDENT INFORMATION:

Student's Name \_\_\_\_\_ S.S. Number \_\_\_\_\_
Male Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_
Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
How did you find out about PACT? \_\_\_\_\_
Student's School \_\_\_\_\_ Grade Level \_\_\_\_\_ GPA \_\_\_\_\_
Student's Citizenship Status (Please check correct box)
U.S. Citizen Legal Permanent Resident \_\_\_\_\_
Student lives with: Mother Father Both Guardian
Is the student a ward of the court? (Group Home/Foster Care): Yes No

PARENT INFORMATION:

Name \_\_\_\_\_ Parent Status: Single Married Separated Divorced
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_
Did either parent receive a Bachelor's Degree (4-year college degree)? Yes No
If yes, from which university? \_\_\_\_\_

Family Income (Yearly): \_\_\_\_\_
Source of family income: Employment TANF SSI Unemployment Disability Other
Number of People in Household \_\_\_\_\_

I authorize PACT, Inc. to obtain copies of my child's report cards, transcripts and test scores to provide him/her/myself with academic advising. I hereby give permission for images of my child/self, captured during Tutorial and/or College Advising events through video, photo and digital camera, to be used solely for the purposes of PACT, Inc. promotional materials (e.g., brochures, newsletters) and waive any rights of compensation or ownership thereto.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_
(Required if student is under 18 years of age)

For Staff Use Only:
Recommended by (Staff Signature): \_\_\_\_\_
Date: \_\_\_\_\_
Accepted by: \_\_\_\_\_
Date: \_\_\_\_\_