



**BOYS & GIRLS CLUBS**  
INDIANA ALLIANCE

**21<sup>st</sup> Century Community Learning Center Intake Form**

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix (Ex: Jr.) \_\_\_\_\_

Child's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Parent Cell Phone Number \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Gender:  Male  Female

Are you interested in receiving programmatic text messages/alerts? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you interested in receiving programmatic email messages/alerts? \_\_\_\_\_ Yes \_\_\_\_\_ No

Race  African American/Black  American Indian/Alaskan Native  Caucasian/White  
 Native Hawaiian/Pacific Island  Asian  Some Other Race

Primary Language:  English  Spanish  Other \_\_\_\_\_

Ethnicity:  Latino  No Hispanic or Latino

**Education Information:**

What Grade is your child in (please circle): PreK K 1 2 3 4 5 6

Name of School Child Attends: \_\_\_\_\_

Name of Child's Teacher: \_\_\_\_\_

Does your child struggle or have problems in Reading/English?  Yes  No

Does your child struggle or have problems in Math?  Yes  No

Is your child enrolled in Special Education?  Yes  No

Does your child have an IEP (Individualized Education Plan)?  Yes  No

Is your child in gifted/talented classes?  Yes  No

Does your child receive free/reduced lunch:  Yes  No

Is homework the first priority for your child when at the Club?  Yes  No

Is your child allowed to get on the computers at the Club?  Yes  No

Does your child have any food allergies?  Yes  No

How will your child return home?  walk home  be picked up  other: \_\_\_\_\_

**For the 21<sup>st</sup> CCLC program, we must have your permission for the school to share your child's information.**

The Indiana Department of Education ("IDOE") and Indiana Alliance of Boys & Girls Clubs and Indiana Youth Institute would like to collect data on activities and events taking place in classrooms, schools, and school related programs throughout the state. The Family Educational Rights and Privacy Act ("FERPA") requires the IDOE and 21st Century Community Learning Center ("21st CCLC") to obtain prior written consent from the parent, guardian, or eligible student before releasing any personally identifiable information about a student. The information requested will be used to calculate the impact the 21st CCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds.

Indiana Alliance of Boys & Girls Clubs (Boys & Girls Clubs of Lawrence County, Boys & Girls Clubs of Rush County, and Lide White Memorial Boys & Girls Clubs) is dedicated to establishing a community learning center designated to provide students with

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academic and enrichment opportunities, as well as additional activities to complement their regular academic programs. Quality programs are those that demonstrate a high daily attendance rate and engagement with family members of active participants. Programs that demonstrate these characteristics are more likely to have higher student growth, increased passage rates of local and state assessments, and students pursue post-secondary education.

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I understand that this authorization is made pursuant to the Family Educational Rights and Privacy Act ("FERPA"), set forth in 20 USC §1232g and its regulation in 34 CFR Part 99 (as amended in 2012). Furthermore, I understand that this consent is made pursuant to 34 CFR 99.30(a), which requires that (1) the parent or eligible student's consent specify the records to be disclosed, (2) state the purpose of the disclosure, and (3) identify the party or parties to whom the disclosure may be made.

**By signing this form, I grant the school my student attends permission to disclose to the 21st CCLC the following information. I also grant permission to the 21st CCLC to re-disclose the following information to the re-disclosure parties.**

1. **Records Disclosure:** School Registration Information/Demographic Data, Assessment Data, Student Grades, School Day Attendance, Survey Data, Free and Reduced Lunch Status, Attendance Data Student Grades, Assessment Data, Demographic Data
2. **Disclosure Parties:** 21st CCLC
3. **21st CCLC Re-disclosure Parties:**
  - a. Indiana Department of Education
  - b. IDOE contracted statewide evaluator
  - c. United States Department of Education
  - d. Indiana Youth Institute
  - e. IYI Contracted statewide evaluator
  - f. Corporation for National and Community Service
4. **Purpose of Each Disclosure:** Collect data to calculate the impact 21st CCLC and AmeriCorps has on student performance, activity levels, and knowledge of program specific content.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the 21st CCLC and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization.

This authorization, to receive services from the 21st CCLC and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the 21st CCLC, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the 21st CCLC has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, State Alliance Director, Indiana Alliance of Boys & Girls Clubs, 973 N Shadeland Avenue, Box 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: ltaylor@indianabgc.org

I understand the 21st CCLC program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

**I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.**

Student Name: (Please Print) \_\_\_\_\_

Parent/Guardian Name: (Please Print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Staff Printed Name

\_\_\_\_\_  
Date

Received by Indiana Alliance: _____ Date Received _____ Date Entered into EZ Reports
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