



Consortium for Pre-College Education in Greater Newark

New Jersey GEAR UP

Enrollment Package

Please complete all 5 sections of this enrollment package.

Listed below are the mandatory requirements for a completed application. Please make sure that you check off (✓) all attached information. **Note: Your application and any attachments will be returned to you if all of these documents are not submitted.**

- Completed Application
- Copy of Report Card
- Parent's Signature for Family Income Verification

Section 1: Program Application

Please Print All Information in Blue or Black Ink Only!

Date: _____

Name of Student: _____
Last Name First Name Middle Initial

Social Security #: ____ - ____ - ____ Date of Birth: ____/____/____ Age: ____ Gender: Male Female

Home Address: _____
Number Street Apt. # City State Zip

Race: Black Hispanic/Latino Asian Other: _____

Are you a U.S. Citizen? Yes No (If no, do you have a green card? Yes, what's the #: _____)

Parent Email Address: _____ Parent Cell Phone #: ____/____/____

Student Email Address: _____ Student Cell Phone #: ____/____/____

What is your current grade level: 6 7 8 9 10 11 12

School District: Newark

Please check (✓) which school do you attend:

- Hawkins Street School
- Hawthorne Avenue School
- Lafayette Street School
- Luis Munoz Marin School
- Maple Avenue School
- Park Elementary School
- Quitman Street School
- Rafael Hernandez School
- Sussex Avenue School
- Wilson Avenue School
- Barringer High School
- Central High School
- East Side High School
- Other _____

Guidance Counselor's Name: _____ Guidance Counselor's Phone #: ____/____/____

Do you participate in the subsidized lunch program at your school? Yes No

If yes, please indicate your eligibility: Free Reduced Denied Does Not Apply

I authorize my child's school to release my Family Income Verification to the Consortium for my child's participation in the Consortium for Pre-College Education in Greater Newark program.

Parent's Signature: _____ Date: _____

Unofficial Standardized Test Scores

Note: Official copy of scores must be submitted at a later date.

NJASK 8	Date Taken ___/___/___	Mathematics Score ____	Language Arts Score ____
HSPA	Date Taken ___/___/___	Mathematics Score ____	Language Arts Score ____
PSAT	Date Taken ___/___/___	Mathematics Score ____	Writing Score ____ Critical Reading Score ____
SAT/ACT	Date Taken ___/___/___	Mathematics Score ____	Writing Score ____ Critical Reading Score ____

Section 2: Waiver of Liability/Photo Media Release

In consideration of being permitted to participate in any way in the Consortium for Pre-College Education in Greater Newark program, hereinafter called "Activity", I, for myself, my heirs, personal representative or assigns, do hereby waive liability, release and forever discharge NJIT, its officers, agents, trustees, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with the Activity. Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Injuries could range from range from scratches, bruises, cuts, eye injury or loss of sight, joint or bodily injuries, catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I acknowledge, know, understand and appreciate these and other risks that are inherent in any Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

In addition, I hereby freely and irrevocably grant to NJIT and its authorized employees and agents, the absolute right and permission to copy, exhibit, copyright, use, take, distribute and/or publish my photographic likeness, name, voice, and/or image made in relation to my participation in the Activity in photographs, video and in any and all other media forms.

Print Student's Name: _____ Print Parent's Name: _____
Student's Signature: _____ Parent's Signature: _____

Section 3: Household Information

Do you live with: Both Parents Mother Only Father Only Guardian
If you live with a guardian, please state relationship & name (i.e., Aunt Jane Doe, etc.): _____
Parent Marital Status: Single Married Separated Divorced Widowed
Level of education of Mother: Elementary School High School College Grad School
Level of education of Father: Elementary School High School College Grad School
Number of people in household: ____ Family Yearly Income Average: _____ (Proof of Income Required)

I agree that the above information is correct to the best of my knowledge.

Print Parent's Name: _____ Parent's Signature: _____

Section 4: GEAR UP Contract and Standardized Test Scores Request



Contract of Participation

I would like to be a participant in the Consortium GEAR UP program because it will provide me with the encouragement and preparation I need to pursue higher education. I realize that participation in the program will ensure that I have access to tutoring services in academic subjects, and preparation for the NJASK8, HSPA, PSAT, and SAT/ACT tests. I will also have the opportunity to visit colleges, businesses and other educational industries. In the summer, I will have the opportunity to participate in a summer enrollment program including staying on a college campus.

I will, as well as my parent(s)/guardian(s), make a commitment to become involved in tutoring, mentoring, and college and career workshops on topics such as the admission process, financial aid, and choosing the right college. I will also commit to reviewing with my child and signing a Personal Education Plan (PEP) when requested by Consortium personnel. In addition to these activities, I will also have the opportunity to interact with other GEAR UP students across the state.

Standardized Test Scores

As a requirement of participation in the NJ GEAR UP grant programs, we must receive a record of your final grades and standardized test scores as needed. This includes a copy of my report card/transcript (*transcripts may be unofficial*) for every marking period and test results when they become available.

I hereby grant permission for my school to release my transcript/report card and SAT and other test scores to New Jersey GEAR UP State Project grant programs of the New Jersey Higher Education for the purposes of program evaluation.

Print Student's Name: _____ Print Parent's Name: _____

Date of Birth: _____ School ID #: _____

School Name: _____ Grade: _____ Academic Year: _____
(i.e., 2010-2011, or 2011-2012, etc)

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Section 5: Medical & Emergency Information

Physician Name: _____

Physician Telephone No.: _____

Health Insurance Company: _____

Policy Number: _____

History of health conditions: _____

Emergency Contact Person: _____

Emergency Contact Number: _____

Relationship of Emergency Contact to Student: _____

I hereby give permission for her/him to participate in all activities organized by the Consortium for Pre College Education in Greater Newark.

In case of an injury, I grant permission for her/him to receive medical attention deemed necessary, by qualified medical personnel, during the entire time that he/she (listed within) is participating in the Consortium for Pre-College Education in Greater Newark.

PARENT: Every reasonable precaution will be taken to provide for the safety and care of your son or daughter. Every effort will be made to notify you in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is granted to the staff of the Consortium to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent or guardian.

Signature of Student or Parent/Guardian (*If Student Is A Minor*)

Date

*Mail and return completed enrollment package with the two required attachments
to office address below:*

Consortium for Pre-College Education in Greater Newark
New Jersey Institute of Technology
GITC Building - Suite 3200
University Heights
Newark, New Jersey 07102-1982

If you have any questions, please call (973) 596-5762