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BOYS & GIRLS CLUBS
OF WAYNE COUNTY



21st Century Community Learning
Center Intake Form 2022-2023

Club child attends the most.

Jeffers
McDaniel
First Bank
Hagerstown
Wayne Bank
The CLUB-Teen Center

Childs First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Non-Binary

Race: ☐ African American ☐ Asian ☐ American Indian/Alaskan Native
☐ Caucasian/White ☐ Multi-Racial ☐ Native Hawaiian/Pacific Island
☐ Middle Eastern ☐ Hispanic/Latino ☐ Other: Please specify: _____

Primary Language: ☐ English ☐ Spanish ☐ Other: _____

Does your child receive free or reduced lunch? ☐ YES ☐ NO

What grade is your child in: 1 2 3 4 5 6 7 8

Name of School: _____

Elementary teachers name: _____

Middle School Math or English Teacher name: _____

District Student ID Number: (if known) _____

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 (individual Education Plan)? Yes No

How will your child be returning home? ☐ Walk home ☐ Be picked up ☐ Other: _____

Notice of Privacy and Data Disclosure

The Indiana department of Education (“IDOE”) 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 meeting reporting requirements as a result of receiving state and federal funds.

The Boys & Girls Clubs of Wayne County is dedicated to establishing a community learning center designated to provide students with 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.

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 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
- 4. Purpose of Each Disclosure: Collect data to calculate the impact 21st CCLC has on student performance.

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:

Sydney Lieberman, Director of Academic Success
Boys & Girls Clubs of Wayne County
1717 South L Street, Richmond IN
765-962-6922 or fax 765-939-6273
slieberman@bgcrichmond.org

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

Parent/Guardian Printed Name:_____

Parent/Guardian relationship to student: (check all that apply)

- ☐ Parent/Guardian
- ☐ Aunt/Uncle
- ☐ Grandparent
- ☐ Sibling
- ☐ Neighbor
- ☐ Cousin
- ☐ Friend
- ☐ Other:_____

Parent/Guardian signature:_____ Date:_____

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