

Indiana Kids Application

IU Southeast

Your student will receive an email once this application has been received and processed.

School/Community Organization ONLY

The school or organization listed below is requesting permission to submit an application on behalf of an eligible student. The organization below agrees to take full responsibility for the timely submission of the application, for the safeguarding of sensitive information contained on this form, and for the destruction of this form after the online application has been submitted.

Organization name: _____

Organization Contact: _____

Phone number: _____

Email address: _____

Please Note: Forms not completed in full with valid email addresses and phone numbers cannot be processed and your student cannot participate until we have that information.

PLEASE WRITE CLEARLY!

Section 1: Student Information

1) Name of student (First, Middle, Last):

2) Student's Email Address:

3) Address:

4) City, State, Zip code:

5) Middle or High School Name:

6) Student phone:

7) Grade level during 2018-2019 school year (Circle one):

8) Is student a 21st Century Scholar? (Circle one)

6th 7th 8th 9th 10th 11th 12th

Yes No Unsure

9) Parent (or Adult Caregiver) Name:

10) Parent (or Adult Caregiver) Email:

11) Parent (or Adult Caregiver) Phone:

12) Student's Gender (circle one):

Female Male

Section 2: Tutoring Preference

13) Of the following subjects, please indicate which you could really use support in (R), you somewhat use extra support in (S) or you do not typically need support (N):

Math: ___ Science: ___ Social Studies: ___ English Language: ___

14) Of the following subjects, please indicate which you feel your child(ren) could use support in:

Math: ___ Science: ___ Social Studies: ___ English Language: ___

Please contact us if you have questions regarding special accommodations at iunkids@iupui.edu or 317-278-0914.

Section 3: Consent and Release Statements

Parent/Legal Guardian Consent and Release Statement

I am aware that the services provided by the IU Indiana Kids program will be in a variety of formats including: on-line and in-person. I understand that tutoring and mentoring are online unless a campus of Indiana University offers tutoring and mentoring on-site or at my child(ren)'s school through this program. I authorize Indiana Kids to verify any information on the application, including verification from school officials, case workers, and others as needed. I understand that misrepresentation will terminate my student's enrollment in this program. When choosing your preferred method of contact you are allowing IU tutors, mentors, and different IU offices and departments to email, text, mail, or call you.

My preferred method of communication is (check all that apply):

Email: _____

Text: _____

Phone Call: _____

Other (please explain): _____

If you wish to stop receiving messages from us, send an email to iuinkids@iupui.edu and inform us of your wish to be removed from our list.

IU Photo Release Statement

I authorize The Trustees of Indiana University ("IU"), acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of me, including my name, my image, my likeness, my performance, and/or my voice ("Recordings"). I also grant IU an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by IU, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that IU will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings or for any future use of the Recordings. I release and fully discharge IU, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or IU's future use of the Recordings.

I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has signed below.

Parent/Legal Guardian/Self (if 18 yrs.or older) Printed Name: _____

Parent/Legal Guardian/Self (if 18 yrs.or older) Signature: _____

Student Name Printed: _____

Date: _____



SOUTHEAST



INDIANA UNIVERSITY
**TUTORING, MENTORING,
COLLEGE AND CAREER WORKSHOPS**
Statewide Grades 6-12

