



I'M A STAR FOUNDATION, INC.

3909 Soutel Drive
Jacksonville, FL 32208
904.924.0756

**STAR Leadership Afterschool Enrichment
2018-2019 School Year**

Creating
**STARS: Smart
Talented And
Resilient Students**

Thank you for your interest in attending the I'm A STAR Foundation's STAR Leadership Afterschool Enrichment Program. The I'm A STAR Foundation offers interactive programming to equip middle and high school youth with leadership skills that empower them to unleash their inner greatness. STAR Leadership will provide sessions that will focus on the whole child: leadership development, self-skill development, academic enrichment and service learning projects designed to boost self-confidence, increase self-motivation and build self-esteem. The STAR Leadership Afterschool Enrichment program will culminate with a student-designed and student-led service project that will benefit the city of Jacksonville.

APPLICATION PROCESS

Please read the following carefully. *STAR Leadership enrollment is first come, first served. We will notify each applicant regarding enrollment status as soon as possible, typically within one week of receiving your complete application.*

STUDENT CONTACT INFORMATION

Name of Student: _____
Date of Birth: _____ Age: _____ Grade: _____
School Site: _____
Name of Parent/Guardian/Primary Contact: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email address you check frequently: _____
Best way to contact you? (check one) _____ Home Phone. _____ Cell Phone _____ Email

EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____
Home Phone: 904 _____ Work/Cell Phone: _____ - _____ - _____ ext _____
Second Contact's Name: _____ Relationship: _____
Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

SAFETY INFORMATION (please list all known conditions so we can accommodate your child's needs)

Does your child have any medical conditions, allergies, or special needs the staff should know about? If yes, please list any medications your child is taking for any of the conditions listed below:

Parent / Guardian Signature

Date