

Charting for Success

Charting for Success provides a streamlined, comprehensive approach to college and career readiness for students in middle and high schools. The initiative creates and models a college-going culture for participants. Each lesson will guide students through the steps necessary to move toward a post-high-school plan of action. In addition, both students and parents are engaged in the planning process. Through lessons, activities and events, students will address the key steps for future academic and career success. The activities include: academic preparation, SAT/ACT workshops, community service, college /career exploration, in state and out of state college tours, college financing and financial literacy.

Program Eligibility

- Open to students in grades 9 through 11
- Must have at least a 2.5 GPA or higher
- Must be on track to graduate with at least a Core 40 Diploma

Application Procedure

- Must submit complete application packet with the following below:
 - Registration form
 - Signed parent consent form
 - Copy of most recent transcript to verify GPA or most recent report card (for 1st semester freshmen ONLY)
- Must submit 2 letters of recommendation with application:
 - 1 educator/teacher recommendation letter (required)
 - 1 recommendation letters from individuals with good standing in the community
- Must submit a 1 page essay with application (required)
Topic: **How do you plan to achieve your goals of becoming a high school graduate and how will your achievements benefit your local community, society, and nation as a whole?**

Program Expectations

- GPA must increase over the course of being in the program
- Required to attend 80% of Charting for Success weekly classes to maintain eligibility (on-time & complete class duration).
- Required to have Charting for Success Binder assignments completed/up-to-day
- Required to participate in community service each semester
 - Community service projects will be scheduled by Charting for Success Coordinator
- Must take a minimum (1) SAT/ACT test by January of junior year of high school.

Qualifications To Participate In Outing (college tours, alumni events, etc.)

- Meet all of the applicable program expectations
- Abide by all School City of East Chicago and CIS of Lake County rules
- Not be on Social Probation
- Not be suspended from school or CISLC program (in school or out-of- school)
- Be in good standing with ALL teachers (behavior and attendance)

If you have questions, please call Ms. Danika Talley, East Chicago Central HS Site Coordinator

219-391-4001 – Ext. 74092 or 219-378-9114 www.cislakecounty.org

Charting for Success

PERSONAL INFO

Last name _____

Legal first name _____

Middle name _____ Suffix (Jr., etc.) _____

Birth date (month/day/year) _____ STN _____

E-mail address _____

Home phone (Area Code- _____) _____

Cell phone (Area Code- _____) _____

Cell company _____

Permanent home address _____

City _____ State _____ ZIP _____

YOUR SCHOOL

Currently attending _____ Grade _____

High school graduation year _____ Cumulative GPA _____

SAT/ACT

Have you taken the SAT/ACT? ___ Yes ___ No

If yes, please indicate the last time you took the SAT? (month/year) _____

When will you take/retake the SAT? (month/year) _____

If yes, please indicate the last time you took the ACT? (month/year) _____

When will you take/retake the ACT? (month/year) _____

Have you completed a graduation plan? ___ Yes ___ No (If yes, please attach a copy

Are you interested in Internship/Job Shadowing opportunities*, if available?

**Note: These opportunities may be paid or unpaid*

___ Yes ___ No ___ I am only interested in **paid** internships

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DEMOGRAPHICS

What is your gender? ___ Female ___ Male

What is your race/ethnicity? (Select all that apply.)

- American Indian or Alaska Native
- Native Hawaiian or
- Asian Other Pacific Islander
- Black or African American
- White
- Hispanic / Latino

CUSTODIAL PARENT/LEGAL GUARDIAN

Last name _____ First name _____

Middle name _____ Suffix (Jr., etc.) _____

Relationship: _____

Emergency Contact (First Choice)

Last name _____ First name _____

Middle name _____ Suffix (Jr., etc.) _____

Relationship: _____

Emergency Contact (Alternate)

Last name _____ First name _____

Middle name _____ Suffix (Jr., etc.) _____

Relationship: _____

I give permission for my child _____ to
participate in Charting for Success Program.

Parent signature Date _____

Parent printed name Date _____



Charting for Success

Parent Release of Records and Information Consent Form

I, **(Parent/Custodial Parent or Legal Guardian Name)** _____,
give my permission to track the academic progress of my child _____
SS# _____ (STN#) _____
unto **Communities In Schools of Lake County**, hereafter referred to as the Organization.

By signing this form, I am giving the Organization staff, primarily (the Executive Director or Director of Operations); permission to communicate with staff involved with the school my child attends, regarding services offered to my child by either entity. Also, by signing this form, I am authorizing the exchange of documents and/or electronic data specific to my child as defined below. I understand that all records and information regarding services will be protected by regulations that govern the exchange of confidential information.

It is understood that by authorizing the release of such information, it will be used for the sole purpose of providing coordination of services between the Organization and my child’s school, and thereby, enhancing services for my child. The exchange of information will be limited to the authorized staff at the Organization and School City of East Chicago and East Chicago Central High School.

I give my permission for the Organization to obtain information on:

- Student Directory information including demographic data
- Family demographics
- Academic performance, including data on district or state-wide assessment
- Disciplinary issues
- Attendance
- Qualification for free or reduced lunch fare
- Special education eligibility and services
- Health information

This authorization to receive services from the above Organization and to exchange confidential information shall remain in effect for the period of my child’s enrollment in the Organization, or when 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 Organization has already acted in reliance upon this consent.

Printed Name: _____

Date: _____

Signature: _____

Check if copy of this **Parent Release of Records** given to Parent/Guardian.

Staff/Witness Signature: _____

Date: _____



Charting for Success

Authorization to Treat a Minor/ Release/ Health Information

Minor's Name: _____ Date of Birth _____ Height _____ Weight _____
Address _____ City _____ State _____ Zip _____ School: _____

I/we, the parent(s) or legal guardian(s) of the above named minor, hereby give my/our permission for my/our child to participate in the CISEC – Charting For Success program and activities, including transportation involved for his/her participation in off-campus activities, and absolve CISEC from liability to me/us and my/our children because of illness or injury to my/our child or loss of his/her property resulting from such participation. Further, I/we hereby assume all risk associated with my/our child's participation the CISEC – Charting For Success program and activities, and agree to hold harmless CISEC, its employees, agents, representatives, and volunteers from any and all liability, actions, course of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection my/our child's participation in any activity related to CISEC – Charting For Success.

In event of medical emergency, I/we hereby authorize CISEC leadership to exercise its discretion in obtaining and/or providing medical attention for my/our child. I/we hereby assume full responsibility for all financial obligations arising from transporting my/our child to a medical facility, and for all other expenses related to obtaining and/or providing medical attention for my/our child. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is give to provide authority and release to obtain or render care which CISEC leadership, in the exercise of its best judgment, may deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

Name of Health Insurance Co. _____ Policy # _____

Name of Physician _____ Phone _____

Do you have any of the following? If yes, please explain type and severity:

Medication Allergies	NO	YES	_____	Asthma	NO	YES	_____
Food Allergies	NO	YES	_____	Diabetes	NO	YES	_____

Do you take any medication(s) on a regular, on-going basis? If yes, please list:

Please list any other health condition or medical information that may need to be disclosed to medical professionals before treatment?

I hereby certify that the forgoing is true & correct, and that I understand and agree to all provisions described herein.
Printed Name of Mother/Legal Guardian _____ *Date* _____

Signature _____ *Home Ph* _____ *2nd Ph* _____
Printed Name of Father/Legal Guardian _____ *Date* _____

Signature _____ *Home Ph* _____ *2nd Ph* _____

Person other than parent(s)/guardian(s) to be called in case of emergency: Name _____ Home Ph _____ 2 nd Ph _____
