

DEVELOPING TOMORROW'S PROFESSIONALS



2016-17

DTP CANDIDATE INFORMATION FORM

(print all information)

NAME _____

(home) Street Address _____

City/Town _____ **Zip** _____

Home phone _____ **Cell phone** _____

E-mail address _____

Year in School (fresh, soph, junior) _____

What school will are you attending in September, 2016?

CURRENT COURSES & GRADES

directions: List the exact title of each course you are taking and the grade you received on your most recent report card for each class.

<u>Course Title</u>	<u>most recent grade on your report card</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DTP CANDIDATE INFORMATION FORM

ATTENDANCE INFORMATION

(directions) Please list the exact number of absences and times you were tardy this school year.

Absences _____ **Late to School** (tardy) _____

EXTRA CURRICULAR ACTIVITIES

(directions) Please list your current school and community activities or organizations.

Directions: The DTP CANDIDATE Agreement form details the required activities, levels of participation and basic responsibilities of the young man, school, parent/guardian and mentor(s) in DTP program. **To be a participant in the DTP all items must be understood and agreed to by all parties associated with the student.**

SCHOOL INFORMATION

Name of your high school _____

Name of your DTP school coordinator _____

Telephone number of your DTP coordinator _____

PARENT/GUARDIAN INFORMATION

Parent/guardian full name _____

Daytime/Work Telephone _____

Evening Telephone _____

DTP CANDIDATE INFORMATION FORM STATEMENT OF AGREEMENT

Directions: Please read carefully. Print your name in the space provided. Sign your initials next to EACH of the requirements in the space provided.

I, _____, agree to:
(print student name)

_____ arrive on time and attend the full one-day orientation program for the DTP.

_____ arrive attired in the manner prescribed;

_____ attend all ten (10) Academic Saturday's to be held at Southern Connecticut State University, completing all tasks assigned to me;

_____ attend all recognition or follow-up activities, following the ten week academic Saturday part of the DTP program.

I agree to the full program of required activities and hours during the ten consecutive week period, May 21st through July 23rd, 2016 for Academic Saturdays. No Saturdays may be taken off for vacations, work, athletics, or any other activities, once the schedule is released and you are accepted into the program.

I understand that any conduct not in keeping with the DTP program or my failure to attend all required activities and hours, may result in my dismissal from the DTP program”.

STUDENT signature _____

Date _____

Parent/guardian signature _____

Date _____

High school principal signature _____

Date _____

DTP CANDIDATE INFORMATION FORM

PARENT/GUARDIAN AGREEMENT

Directions: Please read all information and statements and affix signatures where applicable.

“I, _____, the parent/guardian of
(print parent/guardian name)

_____ give my permission for
(print full student name)

_____ to participate in the DTP program.
(print student’s first name)

As the parent/guardian of the above stated student, I understand that he must attend all ten (10) Academic Saturday sessions at Southern Connecticut State University and that permission will not be granted for him to miss any session for vacations, athletic, social events or any other activities.

I understand that arranging for the transportation of your is the responsibility of you and the school.

The Developing Tomorrow’s Professional program has my permission to use my son’s photos, video and/or words spoken on the DTP Website.

Parent/guardian signature _____

Date _____