

Check here to confirm that you are over 18 years of age and that you are a parent, family member, or caretaker with authority to enroll your child.	□ I am		
Child Information			
Has your child participated in Springboard before?	☐ Yes	□ No	
Child's First Name:			
Child's Last Name:			
My child's date of birth (mm/dd/yyyy)			
My child's gender is:	☐ Male ☐ Female	<ul><li>□ Non-binary</li><li>□ Prefer not to say</li></ul>	
My child's ethnicity is [choose all that apply]:	☐ White ☐ Hispanic, Latino, or Spanish Origin ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native	<ul> <li>Middle Eastern or North African</li> <li>Native Hawaiian or Other Pacific Islander</li> <li>Other race or origin:</li> <li>□ Prefer not to say</li> </ul>	
What grade is your child enrolled in during the current school year?	☐ Pre-K/TK ☐ Kindergarten ☐ 1st ☐ 2nd ☐ 3rd	☐ 4th ☐ 5th	
Name of school your child attends:	Name of the district/network:		
Student's 7 digit ID number (if applicable):			
Does your child/student receive Special Education services (IEP and/or 504 Plans)? Please note that this information will be used to improve the equity of program experiences for all students.	☐ Yes ☐ No	☐ I don't know☐ Prefer not to say	
If yes, please share any detail about the IEP/504 Plan your student has that you would like for us to pass onto your child's teachers:			



Does your child/student receive ESL/ESOL/ELL (English Language Learner) services? Please note this information will not alter the program for your child. It will be used to improve program experiences for all students in the future.	☐ Yes ☐ No ☐ Other:	☐ Prefer not to say ☐ I don't know		
Parent / Guardian Information				
First Name:				
Last Name:				
Mobile Phone:	Email:			
Street Address:				
City:	State:	Zip Code:		
Additional Guardian's phone number:				
At home, our family mostly speaks:				
Agreement to have Springboard Use Your Child's Image, Au I give permission for any photograph, image, digital quotes, voice, forms, and the first name of my child to be published and distributinformational purposes in connection with Springboard Collaborate, or other compensation shall become payable to me by reason permission is not a requirement for enrolling in this program and the permission does not impact my eligibility to enroll in this program.	☐ Yes ☐ No			
Agreement for Springboard to Text You  I agree to receive text messages from Springboard Collaborative, including workshop reminders, reading reminders and tips from Springboard Connect, and surveys. I can stop receiving these messages anytime by texting STOP. I understand this permission is not a requirement for enrolling in this program and that refusing to grant this permission does not impact my eligibility to enroll in this program.		☐ Yes ☐ No		
Agreement for Data Use				
I give Springboard permission to use the information from this form and from my family's participation in this program to (1) ensure that I can engage in the program (i.e. collect my family's attendance and student's assessment data) and (2) report on the results of this program. I understand that Springboard will remove all information that identifies my family when doing that reporting, such as our names or contact information.				
I understand that my student cannot participate in this Springboard program if I do not accept this policy.		☐ Yes		
I accept Springboard's Data Privacy and Security Policy. I understand that my student cannot participate in this Springboard program if I do not accept this policy.		☐ Yes		



I accept the <u>Springboard Connect Terms and Conditions</u> . I understand that my student cannot participate in this Springboard program if I do not accept this policy.		☐ Yes		
Parent Agreement I understand the nature of the Springboard Collaborative program understand that Springboard Collaborative is not responsible for loperson or property as a result of participation in the program unleperson or property is a result of Springboard Collaborative's negligmisconduct. I hereby release and discharge Springboard Collaborative, and volunteers from any and all claims for injury, illness, deprogram activities except claims that are a result of Springboard Corecklessness, or willful misconduct.	Initials Here:			
Signature:				
Your Full Name:	Relationship to student(s):			