

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.	<input type="checkbox"/> I am
<b>Child Information</b>	
Has your child participated in Springboard before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's First Name:	
Child's Last Name:	
My child's date of birth (mm/dd/yyyy) _____/_____/_____	
My child's gender is:	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
My child's ethnicity is [choose all that apply]:	<input type="checkbox"/> White <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other race or origin: _____ <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Prefer not to say
What grade is your child enrolled in during the current school year?	<input type="checkbox"/> Pre-K/TK <input type="checkbox"/> 4th <input type="checkbox"/> Kindergarten <input type="checkbox"/> 5th <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
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)? <i>Please note that this information will be used to improve the equity of program experiences for all students.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> 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:	

[illegible]



I accept the <a href="#">Springboard Connect Terms and Conditions</a> . <i>I understand that my student cannot participate in this Springboard program if I do not accept this policy.</i>		<input type="checkbox"/> Yes
<b><u>Parent Agreement</u></b> I understand the nature of the Springboard Collaborative program and participation is voluntary. I understand that Springboard Collaborative is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the program unless the damage, illness, or injury to person or property is a result of Springboard Collaborative's negligence, recklessness, or willful misconduct. I hereby release and discharge Springboard Collaborative and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss, or damage as a result of program activities except claims that are a result of Springboard Collaborative's negligence, recklessness, or willful misconduct.		Initials Here:
Signature:		
Your Full Name:	Relationship to student(s):	