



STUDENT APPLICATION

I hereby certify that, to the best of my knowledge, the information provided in the application is true and complete. I understand that if it is found to be otherwise, it is sufficient cause for dismissal.

Mother/Guardian Signature Date Father/Guardian Signature Date
Student Signature Date

Section 1 - Student Information

Student Name: Last First Middle Today's Date: / / Month Day Year

Social Security Number: Date of Birth: / / Month Day Year Gender: M F

Home Address:

Street Address Apartment / Unit No. City State Zip

Telephone: Home Phone Cell Phone

E-mail Address: T-shirt Size:

Do you have a part-time job? No Yes If yes, what is it?

DHS Student Number: Current Grade Level: 8 9 10 11 12

School Counselor:

Two Teacher Names/Email:

Do you have an Individualized Education Program (IEP) or a Section 504 Plan? No Yes If yes, please attach a complete copy including the most recent review.



STUDENT APPLICATION

This information is requested to comply with federal and state laws. Your response will not affect consideration of your application.

Ethnic Background:

Are you Hispanic or Latino? Yes No

Check one or more of the following race/ethnicity groups with which you identify:

American Indian Black/African American Alaska Native Asian
 Native Hawaiian White Pacific Islander Other not listed: _____

Is English your native language? Yes No

If no, please list your native language: _____

Are you a U.S. citizen? Yes No

If not, are you a Permanent Resident of the U.S., or have you applied for Permanent Residency? Yes No

If yes, please attach a copy of form(s).

Are you interested in participating in the six-week academic summer academy program on the Kishwaukee College campus? Yes No Not Sure



TRIO UB PARENT APPLICATION/INTAKE FORM

Section 1 - Parent/Guardian Information

Parent Name: Last First Middle

Child's Name:

Parent Email: Parent Cell Phone:

Employer and Occupation (if unemployed, please put "unemployed"):

Name of Parent/Guardian #1 (living in household):

Has Parent/Guardian #1 completed a bachelor's degree?

- Yes
No

Name of Parent/Guardian #2 (living in household):

Has Parent/Guardian #2 completed a bachelor's degree?

- Yes
No

Section 2 - Household/Financial Information

Who does the student live with?

- Mother only
Father only
Mother and Father
Other:

Number of family members in your household (including the applicant)?

What was your family's taxable income for the preceding year? Taxable income is found on line 15 of the form 1040 U.S. Individual Income Tax Return. Taxable income is usually lower than your total income or adjusted gross income.

In the previous 12 months at any time did you receive SNAP, TANF, Housing Voucher, etc.?

- Yes, if so which one?
No



PARENT QUESTIONNAIRE

1. What are your expectations of the Upward Bound Program?

2. What special qualities does your child possess?

3. Are there any issues that have affected your child's academic progress? If yes, please explain.

4. Will you be able to provide your child transportation to and from DHS for tutoring sessions and enrichments?

5. What do you feel will be the biggest obstacle for your child to attend college?

I hereby certify that, to the best of my knowledge, the information provided in the application is true and complete.

Signature

Date

**Consent to Disclosure of School Student Records and Information
Including Mental Health and Developmental Disability Information**

Student's name: _____ Date of Birth: _____

I hereby grant my consent for Dekalb Community Unit School District No. 428 (the "District") and its Board, administrators, employees, attorneys, and agents to freely communicate with and release records and all of the information set forth below to the parties identified below:

Recipient: Kishwaukee College- Trio Upward Bound (815)825-9437

Permission to Text? Y N

Information that may be Disclosed:

1. The complete student record of and any student information for _____ ("**Student**"), including but not limited to any documents created by the District pursuant to the *Illinois School Student Records Act*, 105 ILCS 10/1 *et seq.*
2. Individualized Education Plans (IEP's) and Section 504 Plans, including those which may contain mental health records under the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*, 740 ILCS 110/1 *et seq.*

The purpose for this disclosure is for Kishwaukee College- Trio Upward Bound. If I do not grant this consent, these records will not be released to the recipients, but I will not suffer any other consequences. This consent is valid until _____ (insert student's graduation date) and may be revoked at any time in writing.

I also understand that I have the right to inspect and copy the information to be disclosed pursuant to this consent.

Parent/Guardian Signature: _____

Witness: _____ Date: _____

Student Signature: _____

Witness: _____ Date: _____

Note: If the student is under age 12, only the parent's signature is needed. If the student is between ages 12 and 18, both the parent's and student's signature are needed. If the student is age 18 or over, only the student's (or if the student has been judged to be incapacitated by a court, the guardian's) signature is required.



2022-2027 Academic and Summer Component
Permission Slip Approval Form

Dear Parent/Guardian:

This permission slip gives you permission to include your daughter/son in Upward Bound program activities starting this year. The Upward Bound Program will provide many cultural and educational activities for the Academic Year and the Summer Component of the program. We understand that in order to develop a well-rounded individual, opportunities must be offered in many areas of concentration, such as visiting cultural and historical sites, institutions of higher learning, theaters, attending workshops and seminars.

Your signature on the form below will provide your son/daughter with the opportunity to attend activities provided by the Kishwaukee Community College TRIO Upward Bound Program.

You will be notified of all information (date, location, departure, and arrival times) prior to the date of such activities/field trips.

Sincerely,

Phylcia Hampton, LSW
Director, TRIO Upward Bound
Student Services

I give permission for (student's name), _____, to attend cultural and educational activities during the Upward Bound Program (2022-2027) academic year and summer component.

Parent/Guardian Signature _____

Date _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.