www.nc-100.org

NC LEAP ((Leadership Empowerment and Advancement)

Basic Acceptance requirements:

- New 2020-2021 school year members should be between the ages of 11-16, enrolled in a public school in Rockingham County. We are prioritizing 6 th and 7th graders, but we will consider students in 8th, 9th, or 10th grade. (Our pilot 2018-2019 cohort included students in 7th, 8th, 9th, and 10th grade.)
- An NC LEAP Student should demonstrate strong academic and/or leadership potential.
- Maintain a B average* (In some cases, we will accept students with less than B GPA if we feel the student is committed to improvement) and agrees (along with parent/guardian) to the guidelines/requirements set forth in the commitment agreement (enclosed).

Student Info

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: _____ Email _____

Grade: _____ Favorite Subject: _____ Desired Salary: $ _____

Tell us something interesting about yourself: _____

I commit myself to give my best effort in all my school courses. YES ☐ NO ☐

I commit myself to be friendly, helpful, and respectful with others in the program. YES ☐ NO ☐

I commit to attending NC LEAP meetings. YES ☐ NO ☐ If yes, when? _____

I have access to the internet and a device to connect online. YES ☐ NO ☐

If no, explain how we could help: _____

Adult Reference

*Please find at least 2 adult references. A reference listed can be any adult that is **not** your parent or guardian. We recommend your teachers, principals, clergy, friends of the family, or your principal!*

Full Name: _____ Relationship: _____

Occupation: _____ Phone: _____

EMAIL Address: _____

Full Name: _____ Relationship: _____

Occupation: _____ Phone: _____

EMAIL Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

STUDENT Signature: _____ Date: _____

PARENT OR GUARDIAN Signature: _____ Date: _____

NC 100 STAFF APPROVAL _____ Date: _____

Parent/Guardian Agreement and Academic Record Understanding

The federal Family Educational Rights and Privacy Act (FERPA) dictates how schools handle parent or guardian requests for their child's education records or amendments to them if they're inaccurate. Schools can't release educational records without the written consent of the parent. To release personally identifiable educational records, the school must provide the parent or guardian the following information:

- **Records that will be released**
- **Reason for release**
- **Organization or person requesting the school records**
- **How they'll be released (electronic, paper)**
- **That parents have a right to review or receive a copy of those records**

Authorization

I authorize the above third party, (NC 100) to access my student's educational records. This information may include but is not limited to enrollment, academic achievement, performance, attendance, and disciplinary actions.

NOTE:

- This authorization does not permit the third party to make any changes.
- Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request.
- NC 100 will not ask Rockingham County Public Schools or the Bethany Community Charter to release student records (e.g., grades, GPA) over the phone or via e-mail.

_____ _____

Printed Name of Parent/Guardian

_____ _____

Signature of Parent/Guardian

Thank you for submitting your application.

MEDIA RELEASE FORM

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only. Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations;
- Courses;
- Online/Internet Videos;
- Media;
- News (Press);

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name_____

Street Address/P.O. Box_____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address_____

Signature _____ Date_____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature_____ Date_____

Please indicate below if you would like a copy of the photograph sent to you via email

_____--Yes, please send me an electronic copy, my email address is below—

_____
Email address

_____--No, I do not want a copy