



CAELP In-School Credit Program Intake Form FY24

Date: _____

In-School Site (check one): NHS CHS GHS SPA

Name: _____
Last First MI

Home Address: _____
(Mailing Address/PO Box) APT # City State Zip Code

Birth Date: _____ Age: _____ DE K-12 Student ID# _____

<i>Home Phone</i>	<i>Cell Phone</i>	<i>Emergency Name & Phone</i>

Email Address: _____ **Gender (Check one)** Female Male

Employment: Employed Not Employed Not Looking or Not Eligible

Are you an English as a Second Language Learner? No Yes

CSD Guidances Staff Only:

Course Name: _____

Grade: _____

Please complete the table below based upon the STUDENT and not the parent and/or guardian.

ETHNICITY AND RACE	STATE/FEDERAL ASSISTANCE	FAMILY INFO (Are You?)
<p>1) Check one:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <hr/> <p>2) Check all that apply:</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> IEP</p> <p><input type="checkbox"/> Assistance for food</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> SSI</p> <p><input type="checkbox"/> Unemployment Insurance</p> <p><input type="checkbox"/> TANF / Cash Assistance</p> <p><input type="checkbox"/> WIC</p>	<p>Check one:</p> <p><input type="checkbox"/> Single Parent</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Married with Children</p> <p><input type="checkbox"/> Homeless Foster Child</p>

Student Signature _____ Date: _____