Strands of Pearls
Student Application Form

Alpha Kappa Alpha Sorority, Incorporated®
LAMBDA TAU OMEGA CHAPTER

INSTRUCTIONS: Complete the form below and on page 2-3. Use the SUBMIT button in the lower right corner of page 3 once you are finished. If you are having any issues using this form or have any questions please email us at: strandsofpearls@ltoaka.org.

APPLICANT INFORMATION

Name:
Last Name | First Name | Middle Initial

Address:
Street | City | State | Zip

Contact:
Phone Number | Cell Number | Email

Date of Birth:
MM/DD/YY

Grade:

School Name:

Address:
Street | City | State | Zip

Current GPA (if applicable) Cumulative GPA:

Applicant's T-Shirt Size:
Youth ☐ XS ☐ S ☐ M ☐ L
Adult ☐ XS ☐ S ☐ M ☐ L ☐ XL

Please identity food allergies:

Please list health conditions and/or concerns:

Is your child a diverse learner? ☐ Yes ☐ No If yes, please specify:

PARENTAL/LEGAL GUARDIAN INFORMATION

Name:
Last Name | First Name | Middle Initial

Address:
Street | City | State | Zip

Phone Number/Email:

EMERGENCY CONTACTS

Name:
Last Name/First Name | Phone Number/Email

Name:
Last Name/First Name | Phone Number/Email

Please note if you are using your smart phone or tablet, you will need to download the free Adobe Acrobat app from your app store to complete this form.
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PARENTAL CONSENT & RESPONSIBILITY

As the parent or legal guardian of:

(hereinafter to as "she" or "her"), I hereby certify and affirm the following:

1. I am legally entitled to give consent for her participation in the Strands of Pearls program.
2. I acknowledge that she will be enrolled in school in good academic standing.
3. I am aware that upon application to the Strands of Pearls program, I must provide a copy of her most recent grade report.
4. I understand that her personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
5. I understand that she will be involved with workshops which may also include community service and cultural enrichment activities.
6. I understand that it is my responsibility to make sure that she is present at all scheduled activities.
7. I authorize permission for her to attend all Strands of Pearls excursions that are off-site from the regular meeting place.
8. I understand that guests (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meeting or activities without prior consent or knowledge of the Strands of Pearls program personnel.
9. I understand that her admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
10. I authorize the Strands of Pearls program personnel to transport her (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
11. I understand that she may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Inc.®, Lambda Tau Omega Chapter and the Strands of Pearls program personnel in print or electronic media used to promote the program.
12. I understand that as the parent or legal guardian, I may be called upon to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
13. I relieve Alpha Kappa Alpha Sorority, Inc.®, Lambda Tau Omega Chapter and the Strands of Pearls program personnel from any liability that may arise during her involvement in the Strands of Pearls program meetings and activities.
14. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc.®, Lambda Tau Omega Chapter and the Strands of Pearls program personnel.
15. Termination of a student's involvement in Strands of Pearls will be in writing.

By affixing my signature below, I certify that I have read all of the above information and agree with the provisions and my role and responsibilities.

Parent/Legal Guardian Printed Name: _____

Relationship to Applicant/Participant: _____

Parent/Legal Guardian Initials *(ACTING AS A DIGITAL SIGNATURE)*: _____ Date: _____

Phone Number/Email: _____

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STUDENT CODE OF CONDUCT & RESPONSIBILITY CONTRACT

As a participant of the Strands of Pearls program:

1. I agree to abide by the rules and regulations set forth by the Strands of Pearls personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all Strands of Pearls personnel.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will provide a copy of my recent grade report with the application and upon request of the Strands of Pearls personnel.
5. I will remain in good academic standing.
6. I understand that I must notify the Strands of Pearls program personnel of any absence from Program activities.
7. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent's written consent.
8. I will participate in workshops and activities to the best of my ability.
9. I will be fully engaged in attending program meetings and activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the Strands of Pearls program personnel.
11. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
12. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Inc.®, Lambda Tau Omega Chapter and the Strands of Pearls program personnel in print or electronic media for promotion of the program.
13. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc.®, Lambda Tau Omega Chapter and the Strands of Pearls program personnel.
14. I will evaluate the Strands of Pearls program when requested.

By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of the Strands of Pearls program.

Student/Applicant Printed Name: _____

Student/Applicant Initials *(ACTING AS A DIGITAL SIGNATURE)*: _____ Date: _____

Phone Number/Email: _____

In addition to completing this form, please also forward a copy of the Applicant's most recent grade report to strandsofpearls@ltoaka.org. This application will be digitally sent to program personnel. Please ensure that you have completed all fields accurately and to the best of your knowledge/ability. Thank you!

SUBMIT

Please note if you are using your smart phone or tablet, you will need to download the free Adobe Acrobat app from your app store to complete this form.
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