# Cultured 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: culturedpearls@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 Level: ☐ 6th ☐ 7th ☐ 8th

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 Cultured 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 Cultured 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 Cultured 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 Cultured 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 Cultured 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 Cultured 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 Cultured Pearls program personnel from any liability that may arise during her involvement in the Cultured 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 Cultured Pearls program personnel.
15. Termination of a student's involvement in Cultured 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 Cultured Pearls program:**

1. I agree to abide by the rules and regulations set forth by the Cultured Pearls personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all Cultured 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 Cultured Pearls personnel.
5. I will remain in good academic standing.
6. I understand that I must notify the Cultured 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 Cultured 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 Cultured 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 Cultured Pearls program personnel.
14. I will evaluate the Cultured 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 Cultured 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 culturedpearls@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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