

**EXCELL APPLICATION & AGREEMENT**

**LOS ANGELES COUNCIL OF BLACK PROFESSIONAL ENGINEERS**

P.O. Box 881029, Los Angeles CA., 90009

STUDENT'S NAME (Above)

**SESSION: FALL OR SPRING**

STUDENT'S ADDRESS (Above)

CITY (Above) STATE ZIP CODE

AGE SEX BIRTHDAY

CIRCLE ONE

SCHOOL NAME

SCHOOL ADDRESS / CITY

PRINCIPAL

STUDENT'S GRADE LEVEL (Circle one): 2 3 4 5 6 7 8 9 10 11 12

MATH CLASS (Circle One): Math 2 Math 3 Math 4 Math 5 Math 6 Math 7
Pre Algebra Algebra 1 Geometry Algebra II/Trig Calculus
SCIENCE CLASS (Circle One): Science 2 Science 3 Science 4 Science 5 Science 6
Physical/General Science Biology Chemistry Physics

SAT/PSAT PREP (Generally Grades 10 up) TESTING SOON?: YES / NO WHEN?:

PARENTS, PLEASE LIST SIGNIFICANT MEDICAL PROBLEMS YOUR SON/DAUGHTER MAY HAVE (Below):

HAS STUDENT ATTENDED THE EXCELL PROGRAM BEFORE? WHEN?:

IF NOT, HOW DID YOU LEARN ABOUT THE PROGRAM?

PARENT OR GUARDIAN CONTACT INFORMATION (Please Print Names):

MOTHER OR GUARDIAN NAME HOME PHONE NUMBER A CELL NUMBER
FATHER OR GUARDIAN NAME A WORK NUMBER AN EMAIL ADDRESS

PERSON(S) TO CONTACT IN CASE OF EMERGENCY IF PARENTS ARE UNAVAILABLE (Below):

NAME (Above) PHONE RELATIONSHIP

NAME(S) AND GRADE(S) OF ANY SIBLINGS ENROLLED IN THE EXCELL PROGRAM (Below):

NAME(S): GRADE(S):
NAME(S): GRADE(S):

PROGRAM COST PER STUDENT - \$75 FOR ONE STUDENT; \$50 FOR EACH ADDITIONAL SIBLING

Amount for this Student: \$ Total No. Students

THE COMPLETE APPLICATION PACKAGE INCLUDES:
(A) THE EXCELL PROGRAM'S POLICIES AND PROCEDURES (EXCELL RULES) WHICH IS INCLUDED BY REFERENCE. (COPIES PROVIDED)
(B) THE CSUDH RELEASE OF ALL CLAIMS FOR EXCELL PARTICIPATION WHICH MUST BE EXECUTED AND SUBMITTED HEREWITH.

I (THE STUDENT) UNDERSTAND AND AGREE TO FOLLOW THE EXCELL RULES AS REQUIRED BY THIS AGREEMENT FORM
I (THE PARENT) HAVE DISCUSSED THE EXCELL RULES WITH MY CHILD(REN) AND AGREE TO ENCOURAGE HIM/HER/THEM TO ABIDE BY THOSE RULES. I UNDERSTAND FAILURE TO FOLLOW THESE RULES MAY RESULT IN MY CHILD(REN) BEING ASKED TO LEAVE THE PROGRAM.

STUDENT SIGNATURE PARENT OR GUARDIAN SIGNATURE DATE

Please Attach Cash, Check or Money Order One Application per Student Do Not FAX

FOR OFFICIAL USE ONLY DATE TUITION RECEIVED: AMOUNT PAID: