

EXCELL APPLICATION & LETTER OF AGREEMENT

LOS ANGELES COUNCIL OF BLACK PROFESSIONAL ENGINEERS

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

STUDENT'S NAME (Above)	DATE	By: FOR OFFICIAL USE ONLY
STUDENT'S ADDRESS (Above)	SCHOOL NAME	
CITY (Above) STATE ZIP CODE	SCHOOL ADDRESS / CITY	
AGE SEX BIRTHDAY	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 Alg Alg 1 Geom Alg II Trig Pre Calc Calc

SCIENCE CLASS (Circle One): Sci 2 Sci 3 Sci 4 Sci 5 Sci 6
Phy Sci Biology Chemistry Physics None

TAKING THE PSAT OR SAT SOON?: - YES / NO WHEN?:

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

HAS STUDENT ATTENDED THE EXCELL PROGRAM BEFORE? WHEN?:

PARENT OR GUARDIAN CONTACT INFORMATION (Below):

HOME PHONE	EMAIL ADDRESS
WORK PHONE	OTHER PHONE

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

NAME (Above)	PHONE	RELATIONSHIP
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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 STUDENT
SESSION(Circle One): FALL OR SPRING
ALL OTHER COST ARE PER MANAGEMENT Please Pay: \$ _____ Total No. Students _____

AGREEMENT FORMS: (This Application and the Attached Forms, listed below, must be completed before the student is accepted.)

(A). RECEIVED ONE DISCIPLINE GUIDELINE FORM FOR _____ STUDENT(S)? - YES / NO
(B). RECEIVED ONE CSUDH RELEASE FORM FOR _____ STUDENT(S)? - YES / NO

I (THE STUDENT) UNDERSTAND AND AGREE TO FOLLOW THE EXCELL PROGRAM RULES AS REQUIRED BY THESE AGREEMENT FORMS
I (THE PARENT) HAVE DISCUSSED THESE RULES WITH MY CHILD(REN) AND AGREE TO ENCOURAGE HIM/HER/THEM TO ABIDE BY THEM.
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
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Please Attach Cash, Check or Money Order One Application per Student Do Not FAX

FOR OFFICIAL USE ONLY	DATE TUITION RECEIVED:	AMOUNT PAID:
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