

Indiana Kids Application

IU Kokomo

Your student will receive an email once this application has been received and processed.

School/Community Organization ONLY

The school or organization listed below is requesting permission to submit an application on behalf of an eligible student. The organization below agrees to take full responsibility for the timely submission of the application, for the safeguarding of sensitive information contained on this form, and for the destruction of this form after the online application has been submitted.

Organization name: Indiana University Kokomo

Organization Contact: Mackenzie Damon

Phone number: 765-455-9301

Email address: carserv@iuk.edu

Please Note: Forms not completed in full with valid email, addresses and phone numbers cannot be processed and your student cannot participate until we have that information. You may also go online to apply at <http://go.iu.edu/1VMz>

PLEASE WRITE CLEARLY!

Section 1: Student Information

1) Name of student (First, Middle, Last):

2) Student's Email Address:

3) Address:

4) City, State, Zip code:

5) Middle or High School Name:

6) Student phone:

7) Grade level during 2019-2020 school year (Circle one):

8) Is student a 21st Century Scholar? (Circle one)

6th 7th 8th 9th 10th 11th 12th

Yes No Unsure

9) Previously enrolled in Indiana Kids? (Circle one)

10) Student's Gender (circle one):

Yes No Unsure

Female Male

11) Parent (or Adult Caregiver) Name:

12) Parent (or Adult Caregiver) Email:

13) Parent (or Adult Caregiver) Phone: _____

Section 2: Tutoring Preference

14) Students: Which subjects you could really use support in **(R)**, somewhat use extra support in **(S)** or do not typically need support **(N)**:

Math: ____ Science: ____ Social Studies: ____ English Language: ____

15) Adult Caregiver: Which subjects do you feel your child could use support in:

Math: ____ Science: ____ Social Studies: ____ English Language: ____

Please contact us if you have questions regarding special accommodations at 317-278-0914. See back



Section 3: Consent and Release Statements

Parent/Legal Guardian Consent and Release Statement

I am aware that the services provided by the IU Indiana Kids program will be in a variety of formats including: on-line and in-person. I understand that tutoring and mentoring are online unless a campus of Indiana University offers tutoring and mentoring on-site or at my child(ren)'s school through this program. I authorize Indiana Kids to verify any information on the application, including verification from school officials, caseworkers, and others as needed. I understand that misrepresentation will terminate my student's enrollment in this program. When choosing your preferred method of contact you are allowing IU tutors, mentors, and different IU offices and departments to email, text, mail, or call you.

I give permission to Indiana Kids and the school named above (and the associated school district) to exchange information regarding my child for the purpose of helping both organizations to do a better job of helping my child be successful in school. I specifically give permission to my child's school to release to Indiana Kids the following data covered by FERPA: ISTEP scores, benchmark & summative assessment scores, midyear & final course grades, school attendance records, behavioral records (including suspensions/expulsions), my child's state student ID number, and whether my child was promoted to the next grade level. Efforts will be made to keep your and your child/children personal information confidential. The data will be aggregated and will exclude all references to any individual responses. No information which could identify you or your child will be shared in publications.

I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has signed below.

Parent/Legal Guardian/Self (if 18 years or older) Printed name: _____

Parent/Legal Guardian/Self (if 18 years or older) Signature: _____

Student Name Printed: _____ Date: _____

IU Photo Release Statement

I authorize The Trustees of Indiana University ("IU"), acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of me, including my name, my image, my likeness, my performance, and/or my voice ("Recordings"). I also grant IU an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by IU, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that IU will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings or for any future use of the Recordings. I release and fully discharge IU, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or IU's future use of the Recordings.

I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has also signed below.

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Parent/Legal Guardian/Self (if 18 years or older) Signature: _____

Student Name Printed: _____ Date: _____



INDIANA UNIVERSITY
KOKOMO
1945-2020



INDIANA UNIVERSITY
**TUTORING, MENTORING,
COLLEGE AND CAREER WORKSHOPS**
Statewide Grades 6-12

