



Learning & Earning Program
 3200 E. Cheyenne Avenue, Sort Code C1T,
 North Las Vegas, NV 89030, Phone: 651-4785

Student Application & School Counselor Referral
(Student: Please Type or Print Clearly)

Last Name		First Name		Middle Name		Suffix (i.e. Jr, III)	
Mailing Address			City		State	Zip Code	
					NV		
Residence Address (if different from above)			City		State	Zip Code	
					NV		
Tel Contact #	e-mail address (<i>Print legibly. Your e-mail will be used as the primary contact on your application status</i>)			Birthdate (mm/dd/year)		Male <input type="checkbox"/> Female <input type="checkbox"/>	
High School Name				High School Student ID #	Current Grade Level	Total High School Credits Earned	
Please Tell Us About Your School by Checking One of the Following: <input type="checkbox"/> Regular CCSD High School <input type="checkbox"/> Alternative High School (Credit Retrieval, Behavioral, etc) <input type="checkbox"/> Adult Education High School <input type="checkbox"/> Private School (Not a CCSD High School) <input type="checkbox"/> Magnet & Career Tech Academies					Grade Student Should Be In		
Name of the Closest Family Member Living With You			Tel Contact #		Relationship (<i>father, mother, sister, aunt, etc</i>)		
Are You Credit Deficient? <input type="checkbox"/> Yes; How many? _____ <input type="checkbox"/> No			Have You Passed ALL HS Proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No. Please List Below _____		How many school days do you normally miss every semester? _____		
Do You Have Extenuating Circumstances? (i.e. financial/personal hardship, unemployment in family, homeless, etc.) <i>Please provide as much detail as possible. The Learning and Earning Program serves the students who are in need of assistance.</i>							
<input type="checkbox"/> Yes. Please Explain (<i>attach a sheet if needed</i>): _____ _____ _____ _____							
<input type="checkbox"/> No							
Please Check All that Applies to You: <input type="checkbox"/> Has basic Math and Reading skills <input type="checkbox"/> English is a second language <input type="checkbox"/> Speaks another language. Please list: _____ <input type="checkbox"/> Live in a single-parent home <input type="checkbox"/> Pregnant or teenage-parent who is responsible for one or more dependent children <input type="checkbox"/> Youth who is in foster care or has been in the foster care system <input type="checkbox"/> Homeless who lacks a fixed, regular, adequate nighttime residence <input type="checkbox"/> Runaway Youth who is absent from home or place of legal residence without the permission of family							

L & E APPLICATION CONSENT & ACKNOWLEDGEMENT

I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that my application is incomplete until I sign, obtain the necessary signatures below, and attach my CURRENT high school transcript.

I, _____ (parent/guardian, if child is under 18) approve of my son's/daughter's participation in the Learning and Earning Program and I allow my son/daughter to take part in the following components of the Learning and Earning Program: (1) Job placement with hourly wages, (2) Mentoring from a CSN employee or another agency, (3) Weekly guidance and counseling from the Learning and Earning Program's CCSD Licensed Counselor, (4) Tutoring from a qualified Math tutor, (5) Paid homework/study time, (6) Work ethics and employment skills training, (7) College entrance preparation, and (8) other life skills/career training.

Since the Learning and Earning Program is a direct intervention, dropout prevention program, targeted to help at-risk high school juniors and seniors to stay in school and graduate, I also understand that Learning and Earning will periodically review my son's/daughter's academic and personal progress. I authorize the Learning and Earning counselor (a CCSD Licensed Counselor) to obtain school information, including attendance, tardiness, grades, progress reports, test scores, behavior and disciplinary reports, etc. for the purpose of following up and counseling my student. I understand that any information obtained will be held in confidence and used only for counseling purposes and follow-up with the student.

I grant permission for _____ (name of child) to be interviewed or have other forms of media, such as photo(s) or video(s), released in order to promote individual participant and program success.

By signing this form below I am agreeing to participate in the Learning and Earning Program and work in cooperation with program staff to achieve my goal to graduate from high school.

Student Signature **Print Name** **Date**

Parent/Guardian Signature **Print Name** **Date**
(If applicant is under 18 years old)

*****Student: After you have completed filling-out this form, please see your High School Counselor for referral signature and copy of HS transcript *****

Return COMPLETED/signed application and transcript by fax: 651-4612, or via e-mai:emily.rafael@csn.edu

Counselor's Referral

I refer the above named student to the Learning and Earning Program and I am attaching the student's CURRENT HS Transcript.

School Counselor's Name: _____ Counselor's Phone #: _____ ext: _____

School Counselor's Signature: _____ Date: _____

******Please submit CURRENT copy of the student's HS TRANSCRIPT along with this application form:**

Return COMPLETED application and transcript by fax: 651-4612, or via e-mai:emily.rafael@csn.edu

OFFICE USE ONLY
Learning and Earning Program

Date Received: _____

Date Reviewed: _____

Remarks:

