



# Network for the Development of Children of African Descent

3255 SPRING ST NE, SUITE 100 MINNEAPOLIS, MN 55413

651-209-3355 OR 612-588-2244

## STUDENT ENROLLMENT FORM: Sankofa Reading Tutorial Program

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### STUDENT INFORMATION

First & Last Name: \_\_\_\_\_ School: \_\_\_\_\_

Student ID#: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender Female: \_\_\_\_\_ Male: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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### PARENT INFORMATION

Parent/Guardian First & Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION (person(s) to contact in case of an emergency):

First & Last Name (first person): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

First & Last Name (second person): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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### STUDENT SPECIAL NEEDS, ALLERGIES, IMPORTANT INFORMATION

(Please list all special needs, allergies, or other important information we should know about your child.)

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### PROGRAM DATA

My child qualifies for free or reduced lunch: Yes No

My child's ethnicity:

African (country of origin)

African American

Asia (country of origin)

Latino (country of origin)

Native American

European Other

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### PARENT/GUARDIAN PERMISSION

I give NdCAD permission to record my child's and my image or likeness (video, photographs, etc.)  
*Initials* during the program. I understand such recordings will be used in NdCAD promotional materials.

I/We hereby give permission for my child to participate in NdCAD's reading tutorial program.

**Signature**

**Print Name**

**Date**

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