

Student Success Center Registration Form

- Students will be released into the library once their session is completed. Please be mindful of your child's transportation needs.
- Students in the Student Success Center will have access to the internet while in the center.
- All students are expected to work cooperatively in small groups. **The center does not offer one-on-one tutoring services.**
- Participants may be recorded and/or surveyed to capture the program's effectiveness. More information can be found at cuyahogalibrary.org/parent-options.
- This program may include a provision of snacks.

Student Information (please print)

First name: _____ Middle initial: _____ Last name: _____
Date of birth: ____ / ____ / ____ Grade: ____ School enrolled in: _____
City of residence: _____ ZIP code of residence: _____
Gender preference: Male Female Other (Please Specify): _____ Preferred Pronouns: _____
Race/Ethnicity (check all that apply): American Indian / Alaskan Native Asian Black / African American
 Hispanic / Latino / Spanish Middle Eastern / North African Native Hawaiian / Other Pacific Islander
 White / Caucasian Other race or ethnicity. If other please specify: _____

Parent/Guardian Information (please print)

First name: _____ Last name: _____
Relationship to child: _____
Primary phone #: (_____) _____ - _____ Home Work Cell
Secondary phone #: (_____) _____ - _____ Home Work Cell
Email address: _____

Emergency Contact Information (only if different from Parent/Guardian Information above) (please print)

First name: _____ Last name: _____
Relationship to child: _____
Primary phone #: (_____) _____ - _____ Home Work Cell
Secondary phone #: (_____) _____ - _____ Home Work Cell

Additional Information (please print)

Known food allergies: _____
Additional languages spoken at home (other than English): _____
Additional information you would like the Student Success Center to know about your child: _____

Evaluating the Effectiveness of Cuyahoga County Public Library's Program

By allowing your child to participate, you agree to allow your child's school to release curriculum and assessment records for your child. You agree to allow the staff of the Student Success Center to assess your child's academic skills in order to track their progress.

Consent Statement

I agree to take part in the Student Success Center and the gathering of information about this program and its effectiveness in improving school performance. I understand what I am being asked to do and know that I can stop at any time without penalty. We will continue to be able to take part in the Student Success Center even if I choose not to complete a survey/release records.

Parent/Guardian signature: _____

Parent/Guardian name (printed): _____ Date: ____ / ____ / ____