

***Emmanuel Missionary Baptist Church
Historically Black College and University Tour***

To be completed by student:

Name _____
(Last) *(First)* *(Middle Name)*

Home Address: _____

Home/Cell Phone #: _____

School: _____

Grade: _____

Date of Birth: _____

Social Security Number: _____

US Citizen (Y/N) _____

Country of Birth: _____

Current State of Residence: _____

Parent/Guardian's Name(s): _____

Phone Number(s): _____

Extracurricular Activities (i.e. Marching Band, Science club, Journalism Club, etc) Note if you held/hold a position.

Why would you like to attend the Historically Black College and University Tour?

How do you manage to get along with people that you don't care for?

Have you ever been suspended during your middle/high school years? If yes, why?

To Be Completed By Parent:

Because we will be totally responsible for your child for the duration of the College Tour, it is imperative that we receive accurate and up to date information in order for us to provide proper care and supervision.

What do you hope your child will gain from attending the HBCU Tour?

Please describe/discuss any health concerns/issues that your child has that we need to know about, including allergies, hypertension, diabetes, etc.

Is your child currently under a doctor's care? If yes, please discuss.

Is he/she taking any medications? If yes, please list them.

How does your child respond to other adult authority figures?

Has your child ever been investigated, charged, or convicted in relation to any criminal offense?
If so, please explain the circumstances and end results.

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Dear Counselor,

The student listed below has expressed interest in attending the Historically Black College and University Tour scheduled for October, 2017. In order to better understand this student, we are requesting that you please answer the following questions. If you have any questions, please contact Kervin Mack at 650-5093 or email me at kervinmack@comcast.net. Once you have completed this form, please mail it to the following address: (Kervin L. Mack 10270 Murmuring Pine Court, Colorado Springs, CO 80920).

Parental Consent Provided to release this information by:

Student's Name: _____

School: _____

Grade: _____

Counselor's Name (Please Print): _____

Please describe student's personality.

Has the student been suspended? If yes, why.

Does the student have any excessive tardiness?

Would you recommend this student for the College Tour? (Yes/No) If no, please explain why not.

