



**COMPASS/SONYC/GRIOT Enrollment Form** Program name: \_\_\_\_\_  
**Student Information** Date: \_\_\_\_\_

---

**Thank you for enrolling your child in one of New York City Mission Society's programs. We look forward to working with you and your family. In order to provide the best after school program possible, we ask that you provide us with the following information.**

**1. Student Information:**

**Last name:** \_\_\_\_\_

**First name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**Parent Home/ Cell phone:** \_\_\_\_\_

**Student Cell phone:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_  
Month Day Year

**Parent Email:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

**Please check the appropriate box:**

**Student gender:**

☐ Male ☐ Female ☐ Other / Prefer not to respond

**Student race/ethnicity:**

☐ Black ☐ Native American  
☐ Asian ☐ Bi-racial  
☐ White ☐ Multi-racial  
☐ Hawaiian or Pacific Islander ☐ Other: \_\_\_\_\_  
☐ Hispanic

**Primary language spoken at home:** \_\_\_\_\_

**(continue onto Page 2)**

# COMPASS/SONYC/GRIOT Enrollment Form

## Student Information

---

**2. Public benefits:** (check ALL that you or your family are QUALIFIED to receive)

- ☐ Public assistance (cash assistance, WIC, SSI, etc.).
- ☐ Food Stamps (also known as SNAP/EBT).
- ☐ Medicaid.
- ☐ Housing (80/20 Housing, Mitchell Lama, Housing Lottery, HPD, NYCHA, Section 8, Affordable Housing, etc.).
- ☐ I/we don't receive any of the public benefits listed above.

**3. Household:** (choose one)

- ☐ I am a parent or guardian in a two-parent or two-guardian household.
- ☐ I am a single-parent mother or a female that is the sole guardian of my household.
- ☐ I am a single-parent father or a male that is the sole guardian of my household.
- ☐ I am a family member who is the primary caretaker of the student.
- ☐ I am this student's foster parent.
- ☐ None of the above describe my family.

**4. Total number of people in household (including student and parents/guardians:**

\_\_\_\_\_

**5. Support Services at School:** (choose one)

**An Individualized Education Program (IEP) is a document developed by your child's school and teachers to provide your child with special education services. An IEP recommends specific supportive services to help your child learn and achieve academic goals.**

- ☐ My child has an Individualized Education Program (IEP) because she or he has learning differences or receives special education services at school.
- ☐ My child does not have an Individualized Education Program (IEP) at school.
- ☐ I don't know if my child has an Individualized Education Program (IEP) at school.
- ☐ I am in the process of having my child evaluated so that we can receive services that will help her or him in school.

***(continue onto Page 3)***

## COMPASS/SONYC/ GRIOT Enrollment Form

### Student Information

---

#### 6. Housing: (choose one)

- ☐ We live in a NYCHA facility (New York City Housing Authority).
- ☐ We live in transitional housing (shelter facility/shelter apartment/shelter hotel room).
- ☐ We live in an apartment/house that we own/rent (without financial assistance).
- ☐ We live in an apartment/house that we own/rent (with financial assistance like Section 8 or any type of affordable housing such as an 80/20 or housing lottery program).
- ☐ We live with a friend/relative in their apartment/house.
- ☐ None of the above.

#### 7. Household Income:

- ☐ \$0 – \$12,150
- ☐ \$12,150 - \$21,000
- ☐ \$21,001 - \$30,000
- ☐ \$30,001 – \$38,000
- ☐ \$38,001 – \$47,000
- ☐ \$47,001 – \$57,000
- ☐ \$57,001 – \$75,000
- ☐ \$75,001+

Internal use only:

Student ID (OSIS#) : \_\_\_\_\_