I'RAISE
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NYC Public School Registration Form

SCHOOL INFORMATION

*School Full Name:_____

Principal Name_____ District_____

School Address_____

*Phone Number _____Fax Number_____

Principal Email_____School Website_____

Contact Person_____Number_____Email_____

Does Your School Currently Offer Any of the Following to Students (*circle all that apply):*

SAT Prep
Regents Prep
College Prep
College Advising
College Workshops
College Tours & Fairs

What was the graduate rate for your seniors in Academic year 2013-2014?
_____

Number of seniors if a high school_____

STUDENT INFORMATION

Total Number of Students Enrolling _____

Number of students per grade Level- ***Please fill in all that apply***

7 Graders _____
8 Graders _____
9 Graders _____
10 Graders _____

11 Graders _____
12 Graders _____

Background of Students

# of Male Students_____ # of Female Student_____
# of African American Students_____
# of Latino Students_____
# of Asian Students_____
# of Caucasian Students _____
# of Other Students_____

Any Children with IEP's or Special Needs? Yes No

If yes, approximate the number of students with IEP's and/or with special needs_____

REQUESTED SERVICES

How did you hear about us?
Google_____
Social Media Site_____
Advertisement_____
Referral_____
Attended Previous Workshop_____
Other (please specify)_____

Requested Programs & Services- ***(place check mark for each program of interest)***

SAT Prep_____
Regents Prep_____
College Readiness_____
Student Support Services_____
Group Mentoring_____
After School Program_____
Entrepreneur Program_____
Counseling_____
All Services_____
Other_____

Length of Services (place check mark for requested length of service)

One Day(5 hr) _____ Three Months _____ Nine Months _____

Days and times of Services Requested (not including one day):

Ie:Monday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**

8am-9am						

Any Special Accommodations or Special Request please state here

_____

_____

_____

_____

****Indicates Required Field***

Please email completed form to s.moore@iraiseinc.org

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OFFICAL USE ONLY

Supervisory Review_____ Date_____

Approved: YES ☐ NO ☐ Date_____ Assigned to _____