



Compudopt Student Registration Form

Please read carefully and print clearly. This registration must be completed in its entirety.
There is a front and a back to this form.

OFFICE USE ONLY								
Compudopt Program: Early Adopters STEAM Team Learn2Earn IT Pathways				School / Organization		Thrive Preparatory		
Program Site:		DCHE 5312 W. Mountain St. Stone Mountain, GA 30083		School District <small>(Only if partner is a school)</small>		N/A		
Student Information								
<small>List all children enrolling in Compudopt programming</small>								
First Name	Last Name	DOB <small>(mm/dd/yy)</small>	Grade Level	Gender <small>(Male, Female, Other, Decline to Answer)</small>	Race <small>(American Indian or Alaska Native, Asian, Black/African American, Native Hawaiian or other Pacific Islander, White/Caucasian, Native, Other, Decline to Answer)</small>	Ethnicity <small>(Hispanic or Non-Hispanic)</small>	Preferred Language <small>(English, Spanish, Other)</small>	
		_ / _ / _						
		_ / _ / _						
		_ / _ / _						
Student Health Information								
<small>Please complete this section for each child listed above</small>								
Name <small>(First and Last)</small>	Medications <small>(if any)</small>	Allergies <small>(if any)</small>	Disabilities <small>(Circle one or leave blank if None or Decline to Answer)</small>					
			Learning disability (ADHD, dyslexia)	Sensory impairment (vision or hearing)	Other disability or impairment:			
			Mental health disorder	Mobility impairment				
			Learning disability (ADHD, dyslexia)	Sensory impairment (vision or hearing)	Other disability or impairment:			
			Mental health disorder	Mobility impairment				
			Learning disability (ADHD, dyslexia)	Sensory impairment (vision or hearing)	Other disability or impairment:			
			Mental health disorder	Mobility impairment				
Technology Access Information								
Do you have and own a working computer?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Do you have internet access at home?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
For virtual programs – My child will have access to a computer and internet to login to the Zoom programs.								
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Not applicable				
Parent / Guardian Information								
Parent / Guardian Name			Phone Number					
Home Address			Email Address					
City, State, and Zip Code								
Annual Household Income <small>Please count income from all members of your household, and from all sources. (Circle One)</small>			Less than \$20,000		Household Size <small>Including yourself, how many people currently live in your household?</small>		1	6
			\$20,000 to \$34,999				2	7
			\$35,000 to \$49,999				3	8
			\$50,000 to \$74,999				4	More than 8
			\$75,000 or more				5	

Media Release

To promote, evaluate, or otherwise describe Compudopt training and education programs and activities, I give permission to the Comp-U-Dopt, Inc., and its agents, to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which my child, a minor, appears, to use and cite any comment(s), verbal or written, made by said minor about the program, and to use said minor's first name in connection with any publication and in such manner as determined by Compudopt.

YES, I agree

NO, I do not agree

Parent Guardian Signature

Participation in Compudopt's program is voluntary. You are free to withdraw your consent and discontinue participation at any time. Your signature indicates that you have read and understand the information provided in this application. Additionally, your signature indicates that all information on this document represents a complete and accurate statement of the family's circumstances at the time of application.

Parent / Guardian Signature

Date __ / __ / __