



(Please type or Print)

**STUDENT DATA**

Name: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Who does student live with?

**Both Parents**      **Mom**      **Dad**      **Other (describe):** \_\_\_\_\_

Social Media Names: Instagram: \_\_\_\_\_ X: \_\_\_\_\_ TikTok: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor Name: \_\_\_\_\_ Email: \_\_\_\_\_

**FAMILY DATA**

Mother's Phone: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_

**STUDENT AGREEMENT**

I, \_\_\_\_\_, understand that I am required to attend all meetings, held  
(student name)

twice monthly on Saturdays, from 9am to 1pm (including lunch time). If I am unable to attend, I will be responsible for informing my mentor in advance of the meeting date.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Mother      Father      Other**



100 BLACK MEN OF ORANGE COUNTY



**REFERENCES:**

(Please list up to four persons. One referral may be a student.)

**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_





100 BLACK MEN OF ORANGE COUNTY



## **CODE OF CONDUCT**

The 100 Black Men of Orange County, Inc., recognizes that as students, you are among your community's most precious resources. We pledge to provide our best effort in helping you to develop and support those talents that will facilitate your success.

As students enrolled in the Passport to the Future Program®, you must partner with us by ultimately assuming responsibility for your education and adhering to the Code of Conduct as set by the 100 Black Men of Orange County. Violations of these regulations and/or demonstrated unwillingness to adhere to the rules and regulations will lead to dismissal from the program.

## **FOR THE STUDENT**

I, \_\_\_\_\_, recognize the opportunity for academic and personal growth that this program provides me, and therefore, I agree to abide by the following rules of conduct:

I will embrace the guiding principles on which the Passport Program is founded as related to family, education, service, and support.

I will bring a positive constructive attitude to all Program activities.

I will attend all Passport to the Future activities for which I am scheduled.

I understand that prior notice of absence is expected and that no more than one excused absence is allowed.

I will be on time for all program activities.

I will complete all assignments in the time frame required and honor all commitments to the Passport Program.

I will show respect in the use of the English language. Profanity and "bagging" will not be tolerated.

I will show respect for my peers, parents, instructors, and others associated with the Passport Program at all times. I will respect the diversity and differences among the program participants.

I will exercise self-discipline in my personal behavior and within the context of the program to develop and strengthen positive character traits.

100 Spectrum Drive, Suite 900, Irvine, CA 92618

TAX ID# 33-0565511

(949) 936-2567

[www.100bmoc.org](http://www.100bmoc.org)



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I fully understand that my participation requires that I adhere to the above Code of Conduct and that any deviation from this may result in dismissal.

**Student Signature:** \_\_\_\_\_

**FOR THE PARENT/GUARDIAN**

**AUTHORIZATION FOR PARTICIPATION**

Student, \_\_\_\_\_, has my permission to participate in the Passport to the Future Program®. I fully understand that my child's participation requires that I will be asked to occasionally volunteer my services and expertise for the benefit of all participants as requested by staff, and that my child adheres to the Code of Conduct as indicated above.

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_



100 BLACK MEN OF ORANGE COUNTY



**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

One of the primary tenants of this program is to ensure the academic success of the participants. In order to assist their efforts, I hereby authorize (school) \_\_\_\_\_ to provide the 100 Black Men of Orange County with copies of all academic records at the end of each six-week grading period, as well as records showing subjects, grades, credits, medical/health history, cumulative data and psychological or Special Education test/reports when pertinent.

I also request an  official  unofficial transcript be provided.

I, the undersigned parent, and/or legal guardian of \_\_\_\_\_ certify that I am aware that I have the right to review any of the above records upon request.

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

*The above student has applied to the Passport to the Future Program. A student's transcript is required for consideration. Please forward this form with a copy of the signed transcript to the student. Please note application deadline.*