

Project Redemptive Love Student Application

2007-2008 Academic Year

9800 Lottsford Road
Mitchellville MD 20721
301-883-8160
301-883.0083

Student Information

Current Grade

Name of student: _____
Last First Middle (Preferred)

Male Female Birth date: _____ U.S. citizen? Yes No _____
MM / DD / YYYY Country of citizenship

Current school of attendance: _____
Name Dates of Attendance
City & State Current Math Teacher
Telephone Current English/Language Arts Teacher

Parental Information

Parent # 1 Name: _____
(or legal guardian) Last First

Parent # 2 Name: _____
(or legal guardian) Last First

Relationship to student: _____

Relationship to student: _____

Phone: _____
Home # Cell #

Phone: _____
Home # Cell #

Home address: _____

Home address: (same as # 1) _____

City, State, Zip: _____

City, State, Zip: (same as # 1) _____

Occupation: _____

Occupation: _____

Business Name: _____

Business Name: _____

Business Address: _____

Business Address: _____

Business Telephone: _____

Business Telephone: _____

Email address (please print clearly): _____

The above parents / guardians are: Single Engaged Married Separated Divorced Residing together

The applicant's Mother is deceased Father is deceased

Student's Sibling(s) Information

1. _____
Name Age School
2. _____
Name Age School
3. _____
Name Age School

Additional Information

Has the applicant ever repeated a grade? yes no

If yes, please explain: _____

Been suspended or expelled from a school? yes no

If yes, please explain: _____

Has the applicant ever been tested for a reading or learning difference? yes no

Did they receive special help? yes no

If yes, please explain the results and attach a copy of the report:

Has the student ever been diagnosed with any learning, emotional or physiological problems or been identified for special educational programs such as resource room, L.D. placement, attention deficit, etc.? yes no

If yes, please explain: _____

Has a former teacher/tutor recommended that the student receive a diagnostic evaluation? yes no

If yes, please explain: _____

Does the applicant regularly require any medication? yes no

If yes, please specify type and frequency of dosage: _____

Does the applicant have any allergies? yes no

If yes, please specify type: _____

How did you first learn of Project Redemptive Love? _____

Do you have any friends receiving services at Project Redemptive Love? yes no If yes, please list their name(s). _____

Relatives? yes no If yes, please list their name(s). _____

Statements from Project Redemptive Love – To be reviewed by Parent/Guardian

Statement of Mutual Understanding

PRL will provide transportation to the student's home where a parent/guardian will be there to meet them between 6:00 and 6:45 PM. ____ (initial)

PRL will provide a safe and caring environment that is conducive to learning and having fun. ____ (initial)

PRL staff will communicate with parents and teachers on a regular basis about the student's progress. Parents will reply in a timely manner and address issues brought before them by the teacher or director. ____ (initial)

Project Redemptive Love's Objectives

Assimilate at-risk families into a nurturing environment that encourages hope, self-worth, character, and life skills necessary to be functional families, contributors to society, and good citizens.

Confront the problems that debilitate its communities.

Clothe these communities with love, in a physical, emotional, and spiritual manner.

Correct world and life views that contribute to the abandonment of family and criminality.

