



Application for SMILE Club Membership

School Name: _____

STUDENT INFORMATION

First Name: _____ Last Name: _____ Grade: _____

Gender: Male Female Date of Birth: _____ Have you been in SMILE before? Yes No

Ethnic Background: African American/Black Pacific Islander Hispanic American/Hispanic
 Asian American/Asian Indian (Asian) White
 American Indian/Alaskan Native Other: _____

Have your parents or guardians earned a Bachelor's Degree? Yes No

The primary language we speak at home is English Spanish Other _____

Are you eligible for a free/reduced school lunch? Yes No

I want to be in SMILE because: _____

Please list other family members who have participated in SMILE: _____



Application for SMILE Club Membership

School Name: _____

FOR PARENTS TO COMPLETE

Student's Name (First and Last) _____

Is your child eligible for Migrant Education (Title 1-C), Indian Education (Title VII-A), or Language Instruction for Limited English Proficient and Immigrant Children (Title III) Funds? Yes No

My child has the following food allergies: _____

My child has the following non-food allergies and/or other health issues: _____

PARENT/GUARDIAN INFORMATION

#1

Name: _____ Phone: _____

Full Address: _____

Email: _____ Alt Phone: _____

#2

Name: _____ Phone: _____

Full Address: _____

Email: _____ Alt Phone: _____

Permission to Participate in SMILE Program

(Must be signed by parent or guardian before a student can join the SMILE Program)

- I give permission for _____ to be a member of SMILE
Name of student (please print)
and for SMILE teachers to check my child's report card and for SMILE staff to track their progress in school.
- Pictures are often taken during SMILE activities. I give permission for pictures of my child to be used by the SMILE Program for publicity purposes. No identifying information is ever included. YES ___ NO ___

Your signature below confirms that you would like the student listed to be considered for club membership in the SMILE Program. If you have any questions, please contact the SMILE office at 541-737-0534.

Signature of Parent or Legal Guardian Printed Name Date