

# NEW HIGH SCHOOL STUDENT REGISTRATION

created 2021



All confidential information must be completed to be eligible for consideration. SAY Sí is able to provide our programming for San Antonio's creative youth at NO COST to the students because of our intensive fundraising efforts. Foundations and government grants require us to collect information on the students and families we serve. Please take the time to answer the following questions completely and candidly.

## Student Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_

Address: \_\_\_\_\_ City Council District: \_\_\_\_\_

\_\_\_\_\_ Primary Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_ Grade (currently): \_\_\_\_\_

School Name: \_\_\_\_\_ School District: \_\_\_\_\_ School ID #: \_\_\_\_\_

Student Mobile #: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

List any extracurricular activities/obligations that may conflict with SAY Sí and when (days and times)

Describe your mode of transportation to SAY Sí: \_\_\_\_\_

Do you have internet access at home?  Yes  No Are you bi-/multi-lingual? \_\_\_\_\_

If you are bi-/multi-lingual, what other languages do you speak? \_\_\_\_\_

## Parent/Guardian 1 Information

Relationship to Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best Phone # to Reach You: \_\_\_\_\_ 2nd Best Phone # to Reach You: \_\_\_\_\_

Address (If different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title/ Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Please fill out an  
Emergency Contact  
on the Medical  
Information and  
Release form

## Parent/Guardian 2 Information

Relationship to Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best Phone # to Reach You: \_\_\_\_\_ 2nd Best Phone # to Reach You: \_\_\_\_\_

Address (If different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title/ Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Youth lives with: \_\_\_\_\_

Please leave any notes about custody or living situation that may be helpful for us to know:

\_\_\_\_\_

**SAY Sí MEDICAL INFORMATION AND RELEASE FORM**  
**Student Applicant Information**

2022



First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Date of Last Tetanus Booster: \_\_\_\_\_

Sex: \_\_\_\_\_ Student's Preferred Pronouns (She/He/They): \_\_\_\_\_

Is your child on an IEP in their school?  Yes  No  Prefer Not to Answer

*[IEP can be any Individualized Education Program or Special Education Services] If yes, please submit a copy for your student's file.*

Any learning challenges? \_\_\_\_\_

Any emotional/behavioral challenges? \_\_\_\_\_

Physical Difficulties? \_\_\_\_\_

Currently on any Medications \_\_\_\_\_

Additional Information you feel we should know (ex. triggers or coping mechanisms): \_\_\_\_\_

Please check all that apply

**Allergies**  Yes  No

Medicine \_\_\_\_\_

Food \_\_\_\_\_

Environment \_\_\_\_\_

**COVID-19 Vaccine Information** *[copy of vaccine card or other immunization record required for in-person participation]*

Has your child received at least one COVID-19 vaccine shot? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, FILL OUT THIS SECTION:

Type of vaccine \_\_\_\_\_ (Pfizer, Moderna, Johnson & Johnson, etc.)

Date of COVID-19 vaccine #1 \_\_\_\_\_ Date of COVID-19 vaccine #2 \_\_\_\_\_

If NO, but a COVID-19 vaccine is SCHEDULED, list the date of the first dose scheduled here:  
\_\_\_\_\_ (Month/Day/Year)

If NO, and a COVID-19 vaccine is NOT scheduled, please let us know if you need help scheduling the shot or please confirm that your child will only be participating in SAY Sí virtually and not in person unless their vaccination status changes.

**Primary Care Physician:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Does your child have a counselor/therapist/case manager we could contact if a crisis should occur?  Yes  No

If yes, who: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Insurance Policy Holder**

Policy Holder Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Best Phone #: \_\_\_\_\_ 2nd Best Phone # to reach you: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TX

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Emergency Contact Information** *[Other person to notify if parent/guardian is unavailable]*

Relationship to Student: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

## Medical Consent/Release

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above named minor child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists and staff to perform any diagnostic procedures, treatment procedures and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above named individual.

I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named child in the event of an accident, injury, sickness, etc. Any representative of the following organization is designated to act on my behalf until I have been contacted: SAY Sí, San Antonio Youth YES!

If an illness or injury results in my child's hospitalization or inability to travel home at the end of a SAY Sí activity, I agree to make necessary arrangements to have a family member or other responsible party travel to SAY Sí's program location to provide assistance. SAY Sí staff will be unable to remain with my child after the program activity ends.

I further agree to provide SAY Sí information about any symptoms of illness, particularly any communicable disease, my child may have prior to any in-person SAY Sí program activity. SAY Sí may request that my child not participate if doing so poses a risk to him/herself/themselves or others.

## General Release

I understand the above-named minor child assumes any and all risks that might be associated with the activities that he, she or they may be involved in and release all rights and claims for damages which the above named, heirs, executors, administrators assign, or as I may have against SAY Sí, San Antonio Youth YES! its directors, officials, teachers or representatives for any and all injuries or damages of any kind as a result of their participation.

Parent/Guardian Name [Print] \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian Name [Signature] \_\_\_\_\_ Date: \_\_\_\_\_



# SAY Sí Student Household Economic Information Self-Certification Form

Participant (Student) Name: \_\_\_\_\_

Primary Household Parent Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Number of persons in student's primary household: \_\_\_\_\_

Primary Parent Phone: \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ TX Zip Code: \_\_\_\_\_

As part of our commitment to access of creative youth development for San Antonio's marginalized communities, SAY Sí collects economic information on annual income. First priority into the program is given to students from lower economic households and areas. SAY Sí holds your privacy with the utmost respect and does not share personally identifiable information externally. When reporting to funders it is under a confidentiality agreement and shared as an aggregate. In the event that disaggregated information is required, SAY Sí makes every effort to redact personally identifiable information.

Please indicate the number of persons in your household, and then check the correlating box that contains your annual family income.

NOTE: "Income" is the total annual gross income of all family and non-family members 18+ years old that are living in the household.

Economic Level: Check One based on Household Size

Household size	Extremely Low Income (Below 30% of Median)	Very Low Income (Between 30% and 50% of Median)	Low Income (Between 50% and 80% of Median)	Middle Income (80% of Median to Median)	Above Median Income (Median to 50% Above)	Extremely Above Median Income (Over 50% Above)
1	<input type="checkbox"/> \$14,950 or lower	<input type="checkbox"/> \$14,951 - \$24,805	<input type="checkbox"/> \$24,806 - \$39,800	<input type="checkbox"/> \$39,801 - \$49,750	<input type="checkbox"/> \$49,751 - \$74,650	<input type="checkbox"/> over \$74,651
2	<input type="checkbox"/> \$17,050 or lower	<input type="checkbox"/> \$17,051 - \$28,400	<input type="checkbox"/> \$28,401 - \$45,450	<input type="checkbox"/> \$45,451 - \$56,500	<input type="checkbox"/> \$56,501 - \$84,750	<input type="checkbox"/> over \$84,751
3	<input type="checkbox"/> \$21,330 or lower	<input type="checkbox"/> \$21,331 - \$31,950	<input type="checkbox"/> \$31,951 - \$52,150	<input type="checkbox"/> \$52,151 - \$64,750	<input type="checkbox"/> \$64,751 - \$97,100	<input type="checkbox"/> over \$97,101
4	<input type="checkbox"/> \$25,750 or lower	<input type="checkbox"/> \$25,751 - \$35,500	<input type="checkbox"/> \$35,501 - \$56,800	<input type="checkbox"/> \$56,801 - \$70,750	<input type="checkbox"/> \$70,751 - \$106,125	<input type="checkbox"/> over \$106,126
5	<input type="checkbox"/> \$30,170 or lower	<input type="checkbox"/> \$30,171 - \$38,350	<input type="checkbox"/> \$38,351 - \$62,350	<input type="checkbox"/> \$62,351 - \$77,400	<input type="checkbox"/> \$77,401 - \$116,101	<input type="checkbox"/> over \$116,101
6	<input type="checkbox"/> \$34,590 or lower	<input type="checkbox"/> \$34,591 - \$41,200	<input type="checkbox"/> \$41,201 - \$65,900	<input type="checkbox"/> \$65,901 - \$81,810	<input type="checkbox"/> \$81,811 - \$122,700	<input type="checkbox"/> over \$122,701
7	<input type="checkbox"/> \$39,010 or lower	<input type="checkbox"/> \$39,011 - \$44,050	<input type="checkbox"/> \$44,051 - \$70,450	<input type="checkbox"/> \$70,451 - \$87,450	<input type="checkbox"/> \$87,451 - \$131,200	<input type="checkbox"/> over \$131,201
8	<input type="checkbox"/> \$43,430 or lower	<input type="checkbox"/> \$43,431 - \$46,900	<input type="checkbox"/> \$46,901 - \$75,000	<input type="checkbox"/> \$75,001 - \$93,200	<input type="checkbox"/> \$93,201 - \$139,800	<input type="checkbox"/> over \$139,801

SELF-CERTIFICATION STATEMENT: I hereby certify that the information provided on this form is accurate and complete. I also agree to provide financial records to support such information upon request. I acknowledge that providing false information may void or null application status or student's participation in the program.

Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_

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



## MEDIA RELEASE FORM

Authorization for Release of Audio, Photographs, Videotape or Film

I hereby consent, authorize and assign any and all rights to San Antonio Youth Yes! **[SAY Sí]**, its agents, officers, employees and all other persons or entities to whom release or circulation may be made including news and media organizations to use, reproduce, distribute, exhibit or broadcast photos, videos, film and audio recordings of my child, children, and or projects, for use in publicity releases and program marketing.

I further consent and authorize the above and others to release or circulate the same in any manner for any and all purposes in any form with or without my name or the name of my child. I understand the photos, videos, film and/or audio recordings may be viewed by the general public and that other uses may be made of them. I further agree and consent that SAY Sí and others are not responsible for any misappropriation of the photos, videos, film and /or audio recordings by any member of the general public or anyone else.

I have read the foregoing release, authorization and agreement before signing below and I warrant that I fully understand the contents thereof.

Name of Child: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# SAY Sí High School Student Memorandum of Understanding

As a leading creative youth development organization, SAY Sí is committed to creating a premier, inclusive, dynamic, and nurturing educational environment for San Antonio's youth through dedication to Creativity, Leadership, Equity, and Community. In order to do this, SAY Sí students must observe all program policies.

## Community

- Students must model good behavior; respect themselves, others, and the programs.
- Drugs, weapons and abusive language [including music] are not permitted at SAY Sí, in virtual meetings or other SAY Sí community spaces.
- All students must be a positive and productive influence in all learning spaces, meetings and platforms, building empathy as a leadership trait.
- All students, staff and guests must follow shared & posted SAY Sí safety protocol such as wearing a mask, not eating inside the building (or with a minimum distance of 6 feet from another person if weather requires eating indoors) and social distancing.
- No visitors, friends or relatives are allowed at SAY Sí, in virtual sessions or SAY Sí-only spaces like Trello unless explicitly stated as in events or special invitations from instructors. The safety of our spaces takes everyone's involvement and care.

## Studio/Company

- Attendance Requirement: Weekly student meetings (regularly scheduled on Monday at 5 PM) are mandatory. In addition, all high school students should attend at least 1 weekly studio meeting. The weekly expectation for SAY Sí hours is 3 hours per week. Open studio sessions needed for collaborative work should be a priority for making the rest of your hours however, independent work can also serve this purpose.
- With only three expected attendance hours, good communication and project progress + completion will be observed as evidence of good participation. Progress will be different for each studio. For example, for theatre or film production, rehearsal weeks require mandatory attendance during all sessions in the week. Communications about absences need to be shared with instructors via email or on Trello studio cards.
- Each student must log in and track their hours.
- All students must complete project assignments in a timely manner.

- Students are required to participate in and expected to attend every virtual or in-person exhibition/production depending on safety regulation.
- Students must submit a copy of their report card every grading period.

## Artistry

In order to graduate from the SAY Sí program, students must commit to the following:

- Portfolio creation & development
- Development of a resume, short artist profile (or biography), and artist statement
- Participation in at least two college visits
- Completion of the FAFSA
- Application to at least three post-secondary institutions
- Application to at least four scholarships
- Notification of college acceptances and financial aid awards
- Completion of senior thesis exhibit and presentation
- Registering to vote as soon as eligible
- Permission to track postsecondary education data (*see National Student Clearinghouse heading below*)

## Other Requirements

**Academics:** Students are expected to prioritize their education and maintain grades that reflect their best efforts. If a student is struggling to maintain their grades, it is their responsibility to communicate with instructors if time is needed to focus on school and improve their grades. It is at the instructor's discretion to decide whether the student can take a short leave of absence or will need to leave the program and reapply at a later time. Students who fail to maintain a C average in their academic studies *and who fail to meet with staff regarding such issues* will be suspended from the program until the next grade period. All students must submit their academic report cards at the end of each grading period. Failure to do so is grounds for dismissal from SAY Sí.

**Equipment:** The use of the SAY Sí printers, copier, art materials, and equipment [shop and media] should be limited to projects that fall within the context of the program. Use of the SAY Sí printers, copier, art materials, and equipment for personal use is prohibited unless pre-authorized by instructors or Programs-Administrator.

**Annual Review:** Students are required to have an annual review at the end/beginning of each school year. The annual review will be based on attendance, performance, and attitude and will be used to gauge the student's continuation in the program. Parents are welcome to reach out to instructors regarding student progress/performance at any time throughout the year.

**Communication:** In order to ensure that students are able to take full advantage of the benefits of SAY Sí, it is imperative that parents and students maintain clear lines of communication with instructors. This includes, but is not limited to: changes in contact information (i.e. address, phone number, email address, schools etc.), issues with attendance (i.e. when and why students cannot be present during sessions and work on projects), scheduling conflicts, family emergencies and other issues families feel are important to share with SAY Sí staff. SAY Sí's Directors, Administrators are available to you for larger issues or counsel.

## Breach of MOU

Disregard of these agreements will result in the following: First, the student is communicated with to address the issue. Second, if speaking with the student does not result in positive progress, a meeting is called with the student and parent. Third, if the problem persists, the student will be dismissed from SAY Sí. For violations regarding grades, attendance, or behavior a student may be put on "probation" with a period of observation for improvement.

## Zoom Guidelines for Virtual Participation

Students should be in a quiet space, with a device they can work on independently. We do not recommend

connecting to Zoom sessions while riding in a car with others or when present in a crowded room.

## Probation

A student on probation must adhere to the policies, improve performance, and will be closely supervised for the entirety of the next trimester. Violating probation will result in dismissal. Based on the student's performance status and history of communication, a conference may be called to appeal dismissal under extenuating circumstances. Any leniency given is at the program instructors' and program director's discretion and will require a second probation period. Second violation of probation will result in automatic dismissal.

## National Student Clearinghouse

As part of SAY Sí's commitment to our students and parents, SAY Sí will be using the National Student Clearinghouse to access student college enrollment and completion information. This information is for internal use only and will be used to measure the success of our programs' college readiness initiatives. SAY Sí will use birthdate and/or Social Security Number to access this information through the National Student Clearinghouse Student Tracker. SAY Sí does not share this personally identifiable information with outside parties.

## Parents/Guardians are expected to

- Participate in a financial aid workshop, including completion of student's FAFSA
- Attend exhibitions and productions (virtual or in-person)
- Ensure students fulfill the requirements of this MOU
- Contribute to a community of support for SAY Sí as *able*: including volunteerism, donating and/or fundraising

SAY Sí HS MOU This Memorandum of Understanding (MOU) serves as an agreement between SAY Sí, the student, and parent(s)/guardian(s) and these signatures represent that all parties have read and agree to all terms outlined.

Policies are made for the protection and well-being of the student body and to promote the ideals of scholarship, character, and professional behavior. SAY Sí pledges to provide the highest caliber of training possible in the arts. In return, SAY Sí expects its policies to be honored. SAY Sí wants to train the best artists possible; therefore, the signatures of the student and program staff are required on this form, signifying understanding and agreement with the above rules. Student and parent/guardian signatures also gives SAY Sí permission to utilize identification information such as birthdate and/or Social Security Number to access student's postsecondary information through National Student Clearinghouse's Student Tracker.

Please sign and return this page to the SAY Sí Office.



# High School Student Memorandum of Understanding

## Signature Agreement

This Memorandum of Understanding (MOU) serves as an agreement between SAY Sí, the student and parent(s)/guardian(s) and these signatures represent that all parties have read and agree to all terms outlined.

Rules are made for the protection and wellbeing of the student body, and to promote the ideals of scholarship, character and professional behavior. SAY Sí pledges to provide the highest caliber of training possible in the arts. In return, SAY Sí expects its policies to be honored. SAY Sí wants to train the best artists possible; therefore, the signatures of the student and program staff are required on this form, signifying understanding and agreement with the rules outlined in the MOU. Student and parent/guardian signatures also gives SAY Sí permission to utilize identification information such as birthdate and/or Social Security Number to access student's postsecondary information through National Student Clearinghouse's Student Tracker.

Student Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Studio Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

SAY Sí Programs Director: \_\_\_\_\_ Date: \_\_\_\_\_