

Participant Information

Date: ____/____/____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Gender (please circle one): Male Female Race: _____

Address: _____

City: _____ Zip Code: _____

Home: () _____ - _____ Cell: () _____ - _____ Best contact: Home Cell

Personal email: _____

Education Information

High School Graduation Year: _____ GED Completion Year: _____ College Transfer Student

Community College Information

EMPL(if known): _____ School Email: _____@email.vccs.edu

Intended Program Plan/Major: _____ Certificate: _____

First Semester Enrolled: FALL 20____ SPRING 20____ Summer 20____

Preferred campus: Downtown Parham Goochland

Foster Care/Adoption Status

Check ONE: Currently in care Aged out of care Adopted after age 13 Special needs adoption (before age 13)

Housing Type (**Check ONE**): Foster home Independent living: _____

Group home: _____ Adoptive home Own apartment

No fixed address Biological family Other (specify): _____

Department of Social Services/Independent Living/Foster/Adoptive Parent Information

Department of Social Services District: _____

Social Worker's Name: _____ Phone: () _____ - _____

Email: _____

IL Coordinator/Case Manager: _____ Phone: () _____ - _____

Foster or Adoptive Parent(s): _____ Phone: () _____ - _____

Emergency Contact

Name: _____ Relationship: _____

Home: () _____ - _____ Cell: () _____ - _____ Best contact: Home Cell

Email: _____

Permission for Release of Information

I give the Great Expectations Staff permission to correspond, collaborate and exchange any information about my status with human services providers (i.e. dss), teachers, and instructors as the as the Great Expectations program deems necessary.

Signature of participant: _____ Date: ____/____/____

If 18 years or older

Signature of Social Worker or guardian: _____ Date: ____/____/____

If under 18 years

*Please mail, email, or fax completed form to:
Great Expectations Program
PO Box 85622, Richmond Virginia, 23285
Fax: (804) 371-2400 Email: greatexpectations@reynolds.edu*