

# SPEAR

## SUMMER 2014 APPLICATION FORM



### PARENT / GUARDIAN INFORMATION

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Cellphone Number \_\_\_\_\_

Secondary Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Cellphone Number \_\_\_\_\_

### STUDENT INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender Identity \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of current school \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of school student will attend in Fall 2014 \_\_\_\_\_

Does your child have food allergies?  Yes  No If yes, what are they? \_\_\_\_\_

Does your child take any medication?  Yes  No If yes, what are they? \_\_\_\_\_

*We honor the confidentiality of any information you provide above.*

### ACADEMIC REFERENCE (someone who knows your child academically)

Title \_\_\_\_\_ Name \_\_\_\_\_ E-mail \_\_\_\_\_

Business Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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### HOW DID YOU HEAR ABOUT SPEAR?

Please check all that apply:

- Ad in *Parents Press*     Ad in *Bay Area Parent*     Administrator at Child's School     Berkeley Parents Network  
 Received an Email     Received a Brochure     Web Search  
 Word of Mouth     Ad in *The Catholic Voice*     Other (please list here) \_\_\_\_\_

### RESPONSE QUESTIONS FOR PARENTS

Do you have a designated study area for your child?     Yes     No    If yes, where is it located? If no, why not?

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Have you articulated specific academic expectation and standards to your child regarding their education and study practice?     Yes     No    If yes, what and how did you communicate those standards and expectations to them?

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How do you intend on supporting your child during the SPEAR program?

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### RESPONSE QUESTIONS FOR STUDENT

What types of reading materials do you enjoy reading most (e.g. books, magazines, blogs, websites)?

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What are some of your favorite subjects to study and why? \_\_\_\_\_

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What are some of your least favorite subjects to study and why? \_\_\_\_\_

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### RESPONSE QUESTIONS FOR STUDENT

What do you enjoy most about learning something new? \_\_\_\_\_

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What do you need from teachers to do your best academic work? \_\_\_\_\_

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### APPLICATION CHECKLIST

Please ensure you have completed the following before applying to SPEAR:

- Completed application
- Copy of current academic report card or transcript
- Letter of recommendation from an academic reference
- Application fee of \$50 in the form of a cashier's check made to UC Regents\*

*\*If you are a UC Berkeley staff or faculty, you are eligible for a reduced application fee of \$25 and 25% off tuition.  
Please attach a copy of your UC Berkeley employee photo ID to the application.*

**Please mail the items listed above to:**

Attn. SPEAR Program  
University of California, Berkeley  
Student Learning Center  
143 Cesar Chavez Student Center  
Berkeley, CA 94720