

Step Higher 19th Annual College Tour

Please answer all questions and return with \$100.00 Deposit

Dear Parent and Student: Join us we celebrate our Annual Tour. Come and discover a world of new ideas and most of all an EDUCATIONAL OPPORTUNITY to a better life.

Name _____ Grade _____

Address _____

School _____

Email address: _____

Career Interest or College Major _____

Parent/Guardian _____

Contact Information Phone
Number _____

Emergency Phone _____ Closest Relative # _____

3 students to a room same gender only

Do you have health insurance? _____ Does it provide national coverage when traveling outside your home state?

Does your child have any health issues or allergies?

If yes please explain

Does your child need to take any prescription medicine? _____

If yes, which? _____

*** (please be aware and inform your child that all medicine must be turned over to the Chaperone. Medication will be dispensing by the Group Leader. This is for everyone's protection

A program of the Step Higher Program,
P.O. Box 2306—Covington, Kentucky 41012-2306

Please answer all questions and return with \$100.00 Deposit

Dear Parent and Student:

Join us we celebrate the ANNUAL STEP HIGHER COLLEGE TOUR. Come and discover a world of new ideas and most of all an EDUCATIONAL OPPORTUNITY to a better life.

Is your child in need of a special diet for medical reasons? _____
If yes Please explain _____

Has your child ever been arrested, imprisoned or charged with any criminal act and if so what were those charges? _____

Is your child allowed to leave the state to participate in this tour?

How did you hear about the tour? _____

I understand that students will be under the supervision of chaperones.

My child and I have read the accompanying Rules and Guidelines of the Step Higher College Tour, which agreed to comply with the terms described herein:

- ATTIRE RULES& REGULATION
- THINGS TO REMEMBER

By signing the registration forms, you agree that the answers you provide and any other information provide to us is accurate, complete and true to your knowledge

Parent/Guardian

_____/_____
(Print Name) (Signature) Date

Student

_____/_____
name) (Signature) (Print Date

A program of the Step Higher Program,
P.O. Box 2306—Covington, Kentucky 41012-2306 (513)436-0118
Janelle@mystephigher.org