



Student Application Instructions

*Student Applications must be filled out completely to be accepted.

*If applicant is under 18 years old, a parent/legal guardian must fill out the application (along with appropriate signatures).

*Due to the COVID-19 Pandemic, Isles Youth Institute is conducting most classes and programs online for the indefinite future. For students who are accepted, required online class time is 10:00 AM to 1:00 PM, Monday through Friday. Laptops are provided. Students must have Wi-Fi internet access.

Submit completed and signed application one of the following ways:

1. Scan and email (along with documentation) to [**kshort@isles.org**](mailto:kshort@isles.org)

OR

2. Snail mail (along with documentation) to **Isles Youth Institute
Student Application
10 Wood Street
Trenton, NJ 08618**

OR

3. Drop it by the school (33 Tucker St. in Trenton) between the hours of 12 Noon and 3:00 PM on any Thursday (other than holidays). Staff will be available to receive your application and answer questions during these hours.

Questions?

Email Mr. Kep Short, Vice Principal, at kshort@isles.org



APPLICATION PACKET

At IYI we have comprehensive offerings:

- YouthBuild
- WIOA
- Evening Program
- Mentoring
- Case Management
- Job Development
- Hands-On Job Training
- HSE Classes
- Community Service Learning Opportunities
- Leadership Development

Thank you for applying to Isles Youth Institute. We look forward to meeting you and appreciate your decision to complete your education. All of us at IYI are here to help you experience success in reaching this goal.

Tell us about your personal interests and goals:



To complete the admission process these actions are necessary:

A. Personal Documents: Collect and bring the following documents directly to Isles' Youth Institute at 33 Tucker Street: they will be copied and returned to you.

- Birth Certificate
- Social Security Card
- State ID
- Medical Insurance Card
- Proof of Income (such as 2 recent pay stubs, W-2 forms, social services award)
- Proof of Address (such as a utility bill, lease, mail with name and address)
- High School Transcript (if applicable)

B. Isles' Youth Institute Release Forms: Please sign and date them.

- Parent/Guardian Consent Form (if under 18)
- Emergency Medical Form
- Criminal History Release Form
- Photo Release Form
- Data Release Form
- Equal Opportunity Form

C. IMPORTANT: T.A.B.E Placement Test: After applying to IYI, you will be scheduled for your testing date.

D. Interview: Applicants are invited for an admission interview after taking the T.A.B.E test and submitting all documents. At the interview, you will learn about our program relative to your needs, and we will have the opportunity to speak with you about your goals, interests, and personal strengths. Admission interviews should be treated just as you would treat a job interview: thus, dressing appropriately is beneficial, as well as being prepared to discuss your personal goals and why you think that you would be a good match for IYI. After you are accepted, you will complete your intake with one of our Case Managers who will remain with you throughout your time at IYI to assist and guide you and to ensure you make stride towards your goals.



APPLICATION

Name _____ Birthdate _____

Age _____ Gender _____ Ethnicity _____

Languages Spoken _____

Current Address _____

Permanent Address (if different) _____

Cell Phone Number _____ Home Phone Number _____

Email Address _____

Who referred you to IYI? _____

Name of Parent/Guardian _____ Relationship _____

Address _____ Phone _____



Education History:

Last School Attended _____ Last date attended _____

Last Grade Completed _____ Have you dropped out of school? _____

Employment Information:

Are you authorized to work in the US? _____ Are you a US citizen? _____

Are you currently employed? _____

Employer (*if not currently employed, then most recent employer. Leave blank if never employed*) _____

Dates of Employment _____ Supervisor's Name _____

Address and Phone of Employer Listed Above

Other

Do you have a current driver's license? _____

Are you registered to vote? _____

*Are you registered for Selective Service? _____

**only required for males age 18 and up. Find out more at sss.gov.*



PARENT/STUDENT PARTICIPATION CONSENT FORM

Applicant Name: _____ AGE: _____ DATE: _____

Isles Youth Institute provides a tough, but caring, peer-based setting for 16-24 year-old students seeking an academic education, employment skills training in construction, career counseling, and job placement offerings. The goal for our students is to gain an academic and social education, gain employability skills, graduate, go to college or trade school, and sustain employment.

The parent/guardian signature (if applicant is less than 18 years of age) verifies that you give your son, daughter, or ward permission to attend and participate fully in the Isles Youth Institute Program, as well as adhere to all required policies as outlined in the Student Handbook.

PARENT SIGNATURE: _____ DATE: _____

The applicant signature verifies that you will participate fully in the academic, employment, and social opportunities at IYI and adhere to the related requirements and policies of the program while a student at IYI as outlined in the Student Handbook.

APPLICANT SIGNATURE: _____ DATE: _____



EMERGENCY MEDICAL AUTHORIZATION

APPLICANT NAME: _____ **DATE:** _____

AGE: _____ **DATE OF BIRTH:** _____

In the event of illness or injury to the applicant, which in the judgement of Isles Youth Institute staff requires emergency treatment, 911 will be called and an ambulance dispatched. Should the applicant be transported to a hospital, the emergency contact person will be notified immediately and will be required to meet the ambulance at the hospital.

The following information is necessary in case of an emergency: check the appropriate box

- Applicant is not covered by medical insurance.
- Applicant is covered by medical insurance; if yes, please complete the following information.

Primary Medical Insurance Provider: _____

Policy Holder's Name: _____

Relationship to Applicant: _____

Insurance Policy Number: _____

Preferred Hospital Emergency Room: _____

APPLICANT ALLERGIES: _____

APPLICANT MEDICAL CONDITIONS/SPECIFIC NEEDS: _____

I hereby release Isles Youth Institute from any medical claims arising out of the actions of emergency medical personnel, as well as the actions of any doctor, clinic, or hospital. In addition, I understand that it is my responsibility to keep Isles Youth Institute informed of any personal telephone or communication changes that relate to my son, daughter, or ward.

Parent/Guardian Signature: _____ **Date:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Applicant Signature: (18 or over) _____ **Date:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____



EMERGENCY CONTACTS

***Emergency Contacts Must be 21 Years of Age or Older**

APPLICANT NAME: _____ AGE: _____ DATE: _____

*NOTE: Isles Youth Institute staff will not administer any prescription or non-prescription drugs for any reason. Please notify the staff immediately if your son, daughter, or ward is ill with any communicable disease or allergies.

Emergency Contacts (Must be 21 years of age or older) Please give the name, address and telephone number of two people who may be contacted in case of an emergency or illness when parents/guardians are not available. These people should live in the vicinity of the program during the hours the program is in operation.

CONTACT NAME: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

CONTACT NAME: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

CONTACT NAME: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____



AUTHORIZATION TO RELEASE CRIMINAL HISTORY

APPLICANT NAME: _____ **AGE:** _____ **DATE:** _____

Please Print

Social Security Number: _____ Date of Birth: _____

Permission to release the below listed information to Isles Youth Institute by appropriate legal representatives, such as parole/probation officers

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

SIGNATURE: PARENT/GUARDIAN (less than 18) _____

Date: _____

SIGNATURE: STUDENT (18 or older) _____

Date: _____

Please check the appropriate boxes:

- Parole
- Probation
- Other (specify) _____
- Parole/ Probation Officer _____ Phone _____

To: Isles Youth Institute
 33 Tucker Street
 Trenton, NJ 08618
 Phone: 609.341.4752
 Fax: 609.341.3614 Attention: _____



PHOTO/VIDEO RELEASE

I, _____, consent to the unrestricted use by Isles, Inc. –and those acting with its permission and authority, including Isles Youth Institute, of any and all photographs taken, in whole or part, without limitations. For all purposes in any form or medium, including, but not limited to use through or on any electronic media, including the internet.

In addition, I waive any right to inspect or approve the finished product, advertising copy, or printed matter that may be used with the finished photograph(s) or video(s).

Further, I relinquish all rights, titles, and interests that I may have in the finished photograph(s), negative(s), video(s), Internet use, and reproduction to any responsible business firm or publication. It is understood that Isles, Inc. retains copyright of images at all times under the express understanding and agreement that Isles, Inc. shall have exclusive reproduction rights to the images. Video footage will only be used for Isles Youth Institute for educational purposes and for public marketing purposes. In some cases, photo and video footage may be released to the public.

I hereby release Isles, Inc. from any and all claims in connection with photographs or video footage, including any and all claims of libel.

- I am 18 years old/older. I have read the above information and fully understand its content.
- I am the parent/guardian of the applicant (less than 18 years of age). I have read the above information and fully understand its content. I hereby grant permission for my child’s/ward’s photograph(s) to be used in the manner specified above.

PARENT/GUARDIAN NAME (applicant is less than 18 years of age): _____
Please Print Clearly

Address/City/State/Zip: _____

Telephone: _____ **Email:** _____

PARENT/GUARDIAN (applicant less than 18): _____ **Date:** _____

APPLICANT (18 years old/older): _____ **Date:** _____



DATA RELEASE STATEMENT

APPLICANT NAME: _____ **DATE:** _____

Please Print

Permission is hereby given to Isles Youth Institute to enter personal information gathered from the application packet into the various data collection required databases. It is understood that Isles Youth Institute and various funding sources will not use this information for any purposes other than that are listed below, which my signature below verifies.

- Research that gives Isles Youth Institute permission to summarize information about Isles Youth Institute student achievement and outcomes. Permission is also granted for Isles Youth Institute to contact me, and others whom I identify, in order to keep in touch with me as an IYI alumnus. This information would be summarized along with that of other IYI Alumni. It is understood that (a) summarized site-specific data in the databases may not be released by Isles Youth Institute without the consent of the program director and (b) student-specific data in the databases may not be released without consent of the alumnus or the parent/guardian (under 18 years of age). Isles Youth Institute will obtain consent from the prior student or parent/guardian (if under 18 years of age) before disclosing any information beyond that stated above, except in the case of disclosure that is required by law. Isles Youth Institute will make reasonable attempts to inform you about any such disclosure when required by law.
- Receiving the Isles Youth Institute Bulletin after leaving IYI.
- Receiving information about the Isles Youth Institute Alumni Association, including educational and job opportunities that may be available to graduates, public policy positions that the Alumni Association may have taken, and conferences to which alumni may be invited.

SIGNATURE: APPLICANT _____ **DATE:** _____

SIGNATURE: PARENT/GUARDIAN _____ **DATE:** _____

SIGNATURE: IYI CASE MANAGER _____ **DATE:** _____

Equal Opportunity Is the Law

It is against the law for this recipient of Federal Financial assistance to discriminate on the following bases:

- ❖ Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation of belief; and
- ❖ Against any beneficiary of programs financially assisted under Title 1 of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/ status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title 1- financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- ❖ Deciding who will be admitted, or have access, to any WIA Title 1-financially assisted program or activity;
- ❖ Providing opportunities in, or treating any person with regard to, such a program or activity; or
- ❖ Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title 1-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Loren McAlister, Manager, Human Resources & Administration
10 Wood Street, Trenton, NJ 08618
609-341-4711

or

Director Civil Rights Center
U.S. Department of Labor
Room N-4123
200 Constitution Avenue, NW
Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your complaint within 30 days of the date on which you received the Notice of Final Action.

Participant Signature

Date



Travel and Field Trip Permission

By signing this form, I, _____, certify that I request and give my permission for _____ to travel and be transported locally and regionally via van/automobile, bus, train, boat, and/or airplane for any and all Isles sanctioned field trips, both during and outside of the regular school day. I release Isles Youth Institute from responsibility for illness or injury incurred; recognizing that proper staffing along with due care and concern will be exercised.

In the event of illness, accident, or emergency, I give Isles or the staff member(s) in charge authority to authorize medical treatment for my son/daughter if none of the below can be contacted.

Name of Parent/Guardian (Print) _____ Phone: _____

Parent/Guardian Signature _____ Date: _____

If Applicant is 18 or older:

Name of Applicant (Print) _____ Phone: _____

Applicant Signature _____ Date: _____