

# ARE YOU READY FOR YOUR CHILD TO...

**Make Higher Grades?  
Increase His/Her Skill Level?  
Get More Out of School?**



P.A.R.K. is a **FREE After-School and Summer Program**  
in Partnership with LRSD & PCSSD  
Designed to Help Students Reach Their Full Potential

## P.A.R.K. Offers:

- ✦ Homework Management & Tutoring
- ✦ College Preparation
- ✦ Impressive Recreational Facilities
- ✦ Fun Field Trips
- ✦ Opportunity for College Scholarships

## To Be Eligible Your Child Must:

- Be Currently in 7<sup>th</sup> or 8<sup>th</sup> grade
- Have between a 1.5 to 2.5 g.p.a.

## To Apply

Fill out application on the opposite side of the flyer and return to your child's school counselor.

\*Eligible families returning this completed nomination form will be entered into a drawing for a gift card!

\*\* All applications must be turned in no later than **November 16<sup>th</sup>, 2018**

For more information check out our website at [www.positivekids.org](http://www.positivekids.org) or contact us using the information below

6915 Geyer Springs Rd • Little Rock, AR 72209 • (501) 562-5223 • FAX (501) 562-5877

## NOMINATION FORM



To all nominating teachers and counselors: Please take a moment to consider the student you have selected for membership in our program. It is very important that you give an accurate assessment of the student's skills and abilities. It will help in determining the student's chances for success in our program. **Registration Deadline Is Friday, November 16, 2018.**

### PLEASE PRINT

Name of Applicant Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_ Gender: Male  Female

Grade: 7<sup>th</sup>  8<sup>th</sup>  Current G.P.A.: \_\_\_\_\_ (Please attach report card to this form.)

Parent/Guardian(s): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Street) (City) (State)

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Able to receive text reminder

Nominating Counselor/Teacher: \_\_\_\_\_ Name of School: \_\_\_\_\_

Permission from a guardian: \_\_\_\_\_  
(Signature of guardian)

Please state why you feel this student needs P.A.R.K.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To complete form please attach 1<sup>st</sup> Nine Weeks report card to nomination.

Fax completed nomination form.