



**PASSWORD Application  
Spring 2011 Program**

RETURN TO PMS GUIDANCE or MILL STREET LOFT  
BY Feb. 1st for program beginning in MARCH 2011.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell phone \_\_\_\_\_ Student Email \_\_\_\_\_

Why do you want to participate in PASSWORD?

\* \* \* \* \*

**PERMISSION FOR STUDENT INTERVIEW**

I give permission to Mill Street Loft’s PASSWORD Program staff to interview my child for the PASSWORD program and to release/receive information to/from her school or referring agency as needed. I understand that any information released is handled as confidential material.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

This permission remains valid through June 2011.