

# Step Higher College Tour

## Please answer all questions

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 \_\_\_\_\_ Tour \_\_\_\_\_

Email address: \_\_\_\_\_

Career Interest or College Major \_\_\_\_\_

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

Contact Information Phone  
Number \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Closest Relative # \_\_\_\_\_  
**4 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

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**

\_\_\_\_\_/\_\_\_\_\_  
(Print name) (Signature) Date

A program of the Step Higher Program,  
P.O. Box 2306—Covington, Kentucky 41012-2306 (513)957-5107  
[Janelle@mystephigher.org](mailto:Janelle@mystephigher.org)

**(NO REFUNDS AFTER JULY 1<sup>ST</sup>)**