



Rites of Passage

Parent/Guardian Application Form

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Alternate Phone: () _____

Cell Phone: () _____ Email Address: _____

Twitter Account: _____

Mail to: Rites of Passage, P.O. Box 72053, Durham, NC 27722
OR call (919) 683-1047 or email to: theritesofpassage@gmail.com

• Why have you chosen the Rites of Passage for your young man? _____

• What are your expectations of Rites of Passage? _____

• What are the major issues or concerns about your young man that we need to know? _____

• Are there special circumstances we should know including health or medical issues (e.g., medicines, physical considerations, allergies, etc.) _____

• Who referred you? _____ Has the young man ever been suspended from school, in trouble with the juvenile or court systems, arrested, runaway, or other situations we should know about? Yes ☐ No ☐ Explain: _____

• The Rites of Passage is a nine-month program that requires Initiates to attend twice a month and parents to attend once a month. Are you and your young man willing to make this commitment? Yes ☐ No ☐

• In addition to regularly held meetings are you as a parent/guardian available to volunteer to support the organization in other capacities? Yes ☐ No ☐

Signature of Parent/Guardian

Date