

ASPIRE Permission Form

Student Name		Birthdate
Current Grade Level	Expec	ted High School Graduation Year
Student Contact Inforn	<u>າation</u> (Please Prir	nt)
Home Phone		Cell Phone
Email		
		ve messages? (check one)
□ home phone □ c	ell phone □ emai	1
students in the process of groups, trained ASPIRE admissions processes, a records check before me	of accessing training volunteer mentors and provide informate ting with students	ogram that assists secondary (middle school and high school) and education beyond high school. Working one-on-one or in help students with career and school research, applications and ation on financial aid. ASPIRE volunteer mentors must pass a criminal s. Meetings take place at school, with staff present, throughout the see that students will receive scholarships.
•	er the age of 18, pa	a confidential online survey about their experience and future articipation in ASPIRE and the survey require a parent or
Participation in all ASPIF to withdraw your consen	. •	he program evaluation is voluntary and confidential. You are free participation at any time.
I give permission for my	student to participa	ate in the ASPIRE program and survey.
Parent/Guardian Name		date
((printed)	(signature)
□ I am interested in <u>vol</u>	unteering for the	ASPIRE program.
Parent/Guardian Con	tact Information ((Please Print)
Home Phone		Cell Phone
Email		
How do you prefer to be	contacted or recei	ve messages? (check one)
□ home phone □ c	ell phone □ ema	*** ASPIRE