



Parental Consent and Information Release Form

Academic Year 2016-2017

Empowering students to achieve success in higher education

Please answer the following, and return to Guidance, to help us better serve your student

Student's Full Name:

Gender: Male Female

Race/Ethnicity: _____

Student's Date of Birth: _____

Student Email: _____

Address: _____

City, Zip: _____

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Email: _____

Phone #: _____

Student's Higher Education Choice, to date:

- 4 year College/University
- 2 year Community College
- Technical School
- Unsure, but intend to further education
- No plans to attend after high school

High School Currently Attending:

Guidance Counselor: _____

Current Grade Level: _____

Cumulative Grade Point Average: _____

SAT or ACT Score: _____

AP (Advanced Placement) Courses:

SoMD CAN Program Data Specifics:

Did either parent graduate from 4 yr college?
 Parent 1 Parent 2
 Notes _____

2 year college or trade school?
 Parent 1 Parent 2
 Notes _____

Does family qualify for FARMs (free and reduced priced lunch at school)?
 Yes No

Does family think they will need financial aid?
 Yes No

Parental Consent:

I do hereby acknowledge the intent of SoMD CAN and consent to my student/child participating. I also realize that the information provided above will be held as confidential information by SoMD CAN and data collected will be used solely for program purposes. By signing below, I give permission for images of my student/child (photographic, video, print) to be used in SoMD CAN materials.

Parent Name (please print) Parent Signature

Date: _____