

ASPIRE Permission Form

Student Name	Birthdate	
Current Grade Level	Expected High School Graduation Year	
Student Contact Information	*	
(Please Print)		
Home Phone	Cell Phone	
Email		
How do you prefer to be contacted or re	ceive messages? (check one)	*
☐ home phone ☐ cell phone ☐ email		51
students in the process of accessing tra groups, trained ASPIRE volunteer ment admissions processes, and provide info criminal records check before meeting v throughout the school year. Participation Each year students are asked to comple plans. For students under the age of 18 guardian signature below. Participation in all ASPIRE programs ar to withdraw your consent and discontinu	ining and education beyond high school. Wo ors help students with career and school resormation on financial aid. ASPIRE volunteer myith students. Meetings take place at school, in does not guarantee that students will receive the a confidential online survey about their exparticipation in ASPIRE and the survey required the program evaluation is voluntary and come participation at any time.	rking one-on-one or in earch, applications and nentors must pass a with staff present, we scholarships. sperience and future uire a parent or
		10
Parent/Guardian Name	A	date
(printed)	(signature)	×
☐ I am interested in <u>volunteering</u> for		
Parent/Guardian Contact Information	<u>1</u> **	
(Please Print)		
Home Phone	Cell Phone	
Email	4 1	k!
How do you prefer to be contacted or re	eceive messages? (check one)	
☐ home phone ☐ cell phone ☐ ema	il	

