

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	eceive messages? (check one)
□ home phone □ cell phone □ ema	ail
students in the process of accessing to groups, trained ASPIRE volunteer men admissions processes, and provide informinal records check before meeting	ng program that assists secondary (middle school and high school) raining and education beyond high school. Working one-on-one or in one help students with career and school research, applications and cormation on financial aid. ASPIRE volunteer mentors must pass a with students. Meetings take place at school, with staff present, on does not guarantee that students will receive scholarships.
	elete a confidential online survey about their experience and future 8, participation in ASPIRE and the survey require a parent or
Participation in all ASPIRE programs a to withdraw your consent and discontinuous continuous consent and discontinuous con	and the program evaluation is voluntary and confidential. You are free nue participation at any time.
I give permission for my student to par	ticipate in the ASPIRE program and survey.
Parent/Guardian Name(printed)	date (signature)
(printed)	(Signature)
☐ I am interested in <u>volunteering</u> for	or the ASPIRE program.
· · · · · · · · · · · · · · · · · · ·	udents through the year. We provide training, resources, and guidance ents achieve their future goals beyond high school. Expect a time
Parent/Guardian Contact Information	<u>n</u>
(Please Print)	
Home Phone	Cell Phone
Email	
	How
do you prefer to be contacted or receive	ve messages? (check one)
☐ home phone ☐ cell phone ☐ ema	ail

