

## **PARTICIPATION AGREEMENT**

Con Mi MADRE is designed to provide support and information to students and parents who participate in the program. These services are intended to prepare students to enter a college or university upon graduation from high school.

nigh school.		
Student and Pa	arent:	
	and Parent(s he Con Mi MADRE services:	must meet the following conditions annually or Guardian
Preparedness	s Program: (Grades 6th-10th	)
<ul> <li>Complete</li> <li>Attend 3 c</li> <li>Attend bi-</li> <li>Maintain</li> </ul> Participation <ul> <li>Complete</li> </ul>	rogram orientation 15 hours of volunteer service conferences per year; at least 2 Con- monthly campus meetings at school a 2.5 (85) grade point average or be Program: (Grades11th & 1 20 hours of volunteer service conferences per year; at least 2 Con	ol etter <b>2<sup>th</sup>)</b>
<ul> <li>Attend at</li> <li>Attend 4 c</li> <li>Attend 2 c</li> <li>Be enrolle</li> <li>Take the S</li> <li>Complete</li> <li>Complete</li> <li>Attend me</li> </ul>	least 1 college and career fair college academies; at least 3 Con Micollege visits, at least 1 Con Mi MAD ed in at least 1 AP/Pre-AP/Dual creSAT and ACT and turn in scores to GAFSA/TAFSA application 2 post-secondary applications or 1 onthly campus meetings at school. a 2.5 (85) grade point average or be	MADRE college academies RE college visit. dit course per year Con Mi MADRE Staff TX/Common app
If I do no	t meet these conditions, I forf	eit my membership in the Con Mi MADRE program.
	Parent Approva	of Student Participation
She may participal consideration of instruction my charticipating unitagents, together certified carriers of said parties fruit while on any trip	Name (please print)  pate in any and all Con Mi MAD  my child being permitted to n  hild will receive by reason thereo  iversities, colleges, school district  with all those persons assisting w  from any and all liability, response  or while participating in any pro-	RE programs, trips, and activities for which she is eligible. In take trips and take part in Con Mi MADRE activities and the f, I hereby relieve and release Con Mi MADRE, its sponsoring and tts, organizations, and their respective officers, employees, and with any phase of trips and all program activities (excluding paid insibilities for making trips and activities and hereby releases all accident, injury or other harm that may be suffered by said child ogram activities. I agree to indemnify and hold all of said parties exted on behalf of the above named student.
Parent or Guardi	an Signature	 Date
Printed Name		_
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\*\*\*An Incomplete Application or Participation Agreement Will Not Be Processed \*\*\*



## PARENT PERMISSION AND SHARING OF INFORMATION FORM

Ι,	_, parent/guardian of	whose student school dent Name)
(Parent (s) or Guardian's Name)	(Stu	dent Name) E permission for ongoing access to my
daughter's student records, including he Con Mi MADRE to access and collect this MADRE program and throughout her hi	r daily grades and assignments, the sinformation for the duration of r igh school career. I will notify Co ange in her schooling or our hon	E permission for ongoing access to my rough Gradespeed. I give permission for my daughter's participation in the Con Min Mi MADRE if my daughter transfers to be address. If I choose to withdraw this
My daughter currently attends the fol	lowing school:	
	in	
(School name)	in(School Distric	t)
I understand that permission is be	ing given so that:	
and partnering agencies for evaluation	purposes and in order to provide	the school, the Texas Education Agency, services that will help my child. These nseling, mentoring, educational support,
Information Obtained:		
<ul><li> Grades</li><li> Attendance records</li><li> TAKS, STAAR, or other evaluation</li><li> Other</li></ul>	<ul> <li>Class schedule</li> </ul>	<ul> <li>Health Related Information</li> <li>Disciplinary Records</li> </ul>
Additionally, <b>Con Mi MADRE</b> will use programs and/or interventions.	my daughter's ID number in ord	er to evaluate the effectiveness of their
• •		ords from my daughter's school, to use veness, and to share information with
Parent/Guardian Name: (Please Print)		
Address:	City:	State: Zip
Telephone: Home:	Work:	Cell:
Parent/Guardian Signature:		Date:
Con Mi MADRE Staff Signature	<del></del>	Date

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## **SAFETY OF MINORS**

towards a minor. If your daughter d abused as defined by state law, a repo and Protective Services (formerly CP	iated with Con Mi MADRE are required by state law to report any abuse scloses information that indicates that she has been, or is currently being, t will be made to the proper authorities including the Department of Family or Austin Police Department. If your daughter discloses that she is in Mi MADRE will take the necessary steps to ensure her safety, which may ty resources.
Parent or Guardian Signature	 Date
Printed Name	
NO	N-FEE/PHOTO RELEASE
I,	grant Con Mi MADRE permission to reprint my photograph and my
educational projects or purposes, pu	or Con Mi MADRE publications, websites, electronic and digital media, blicity or advertising. I understand that names may be used for picture all photographs will remain the property of Con Mi MADRE.
Parent or Guardian Signature	Date
Printed Name	

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