MEMPHIS AMBASSADORS PROGRAM

PARENT CONSENT FORM

Applicant's Name: _____ Applicant's SS#: _____-_____-_____

_____

Applicant's Signature Date

I, _____, certify that I am the parent or guardian of the minor applicant whose name appears above, and hereby give my consent to his/her participation in the Memphis Ambassadors Program (MAP). I understand that by enrolling my child in MAP I consent to the release of my child's education records to the MAP for the purpose of verifying my child's eligibility for the Memphis Ambassadors Program. I understand that education records include first name, last name, date of birth, address, enrollment status, grade level, and any additional fields. I further understand that the MAP will use this information for no other purpose than verifying that my child is eligible for the Memphis Ambassadors Program based on age, residence, income level, and GPA of 2.0 or higher.

Each parent (household) ***must*** commit to ten (10) hours of community volunteerism per month in order for their child to participate in the Memphis Ambassadors Program.

_____

Print name of Parent, Guardian, or Legal Custodian Date

_____

Signature of Parent, Guardian, or Legal Custodian
(If participant is under age 18)

DO NOT WRITE BELOW THIS LINE

SIGNED PARENTAL CONSENT FORM RECEIVED BY:

_____

Staff Name (Print) Date

_____

Staff Signature