## PARENT/GUARDIAN PERMISSION AND RELEASE FORM

If your student is accepted into the Open Hand of Fredericksburg GRAD Program, we will notify you by mail of their acceptance along with information about our mandatory Parent/Student Orientation. If you have any questions, please contact Kathi Putman, GRAD Program Manager at 540-372-7539 or at kathi7746@yahoo.com. Parental support is a required and an important part of this program.

Your signature is required below to confirm that you agree to allow your student to apply for Open Hand of Fredericksburg GRAD Program. If your youth is selected, s/he will be required to attend workshops the week proceeding his/her summer internship.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , as legal parent/ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Print Name) (Print Student’s Name)

hereby authorize him/her to participate in the aforementioned activities and agree to allow any representative of Open Hand of Fredericksburg to obtain his/her educational records including but not limited to: transcripts, quarterly grades, attendance records, schedules, reports and recommendations. I certify that the information filled out on the previous pages is correct to the best of my knowledge.

Financial Eligibility (check appropriate box)

□ I certify that my child qualifies for free/reduced lunch

 OR

□ I certify that my child DOES NOT qualify for free/reduced lunch

Annual Household Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In addition, I agree to allow him/her to be video recorded and/or photographed for educational purposes or for Open Hand of Fredericksburg marketing and media purposes.

Parent/Guardian’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments or Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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