

ASCENDSM Application Packet

Parental Consent & Responsibility

As the parent or legal guardian of _____ (hereinafter to as “she” or “her” or “he” or “his”), I hereby certify and affirm the following:

1. I am legally entitled to give consent for her/his participation in the ASCENDSM program.
2. I acknowledge that she/he will be enrolled in 9th, 10th, 11th or 12th grade and a student in good academic standing with a cumulative minimum average of a “C” or its equivalent (new applicants must be matriculating in 9th-12th grade at the time of participation). Students with less than a “C” average will be placed on probation and must show improvement to remain in the program.
3. I am aware that upon application to the ASCENDSM program, I must provide a copy of her/his most recent grade report.
4. I understand that program membership may be revoked after three unexcused absences from meetings and activities within an academic year and I must notify the ASCENDSM program personnel of any absence.
5. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
6. I understand that she/he will be involved with workshops and activities that seek to prepare her/him for career and/or college which will also include community service and cultural enrichment activities.
7. I understand that it is my responsibility to make sure that she/he is present at all program activities.
8. I authorize permission for her/him to attend all sanctioned enrichment and cultural excursions that are offsite from the regular meeting place.
9. I understand that guests (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meeting or activities without prior consent or knowledge of the ASCENDSM program personnel.
10. I understand that her/his admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
11. I authorize the ASCENDSM program personnel to transport her/him (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
12. I understand that she/he may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Incorporated[®] and the ASCENDSM program personnel in print or electronic media used to promote the program.
13. I understand that as the parent or legal guardian, I may be called upon to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
14. I relieve Alpha Kappa Alpha Sorority, Incorporated[®] and ASCENDSM program personnel from any liability that may arise during her/his involvement in the ASCENDSM program meetings and activities.
15. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Incorporated[®] and the ASCENDSM program personnel.
16. Termination of a student’s involvement in ASCENDSM will be in writing.

By affixing my signature below, I certify that I have read all of the above information and agree with the provisions and my role and responsibilities.

_____ Parent/Legal Guardian Printed Name	_____ Relationship to Applicant/Participant	_____ Date
_____ Parent/Legal Guardian Signature	_____ Contact Number	_____ Email