



6 Cups to Success Mentor Program

Parental Consent Form

We appreciate you and your child's interest in participating in the 6 Cups to Success mentoring program.

This form is intended as a means of informing and to gaining the **consent** of the parent/guardian to allow their son/daughter to participate in the 6 Cups to Success program.

I give my informed consent and permission for my child to participate in the 6 Cups to Success Mentor program during the current school year.

I understand that meetings can take place both on and off campus, at other public locations.

I agree to:

- Allow my child's school counselor and mentor to share information
- Allow my child to meet with his/her mentor at least 6 times for college planning purposes
- Allow photos or electronic images of my child to be used for program purposes
- Allow my child's mentor to transport my child as needed for program purposes
- Allow the program to collect and maintain data pertaining to my child's academic progress
- Have my child complete the FAFSA/Dream Act application during his/her senior year
- Have my child apply for the Stanislaus Futures Scholarship during his/her senior year

Child's Name: _____

Child's High School: _____

Parent/ Guardian Name: _____

Address: _____

Phone: _____

Parent/Guardian Signature: _____ Date: _____

