**NORTH CENTRAL COLLEGE JUNIOR/SENIOR SCHOLARS**

**REGISTRATION FORM**

**PLEASE PRINT (Complete all information)**

STUDENT’S NAME:                                BIRTHDATE:            AGE: (right now)

SCHOOL: GRADE (right now) \_\_\_\_\_\_\_\_\_

 Name Phone Number

TEACHER/COUNSELOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM NUMBER: \_\_\_\_\_\_\_\_\_

**To be completed by the elementary/middle school teacher:** **To be completed by**

Reading Level: \_\_\_\_\_\_\_\_\_\_\_ **the high school**

Math Level: \_\_\_\_\_\_\_\_\_\_\_\_ **counselor:**

Access Test Score: \_\_\_\_\_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credits Earned: \_\_\_\_\_\_\_

Print Name of Teacher/Counselor Completing the Date **Please attach a copy of the report card.**

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Street Address City Zip Code**

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHIRT SIZE: Choose **One**

 Children’s Sizes: [ ] Small [ ] Medium [ ] Large [ ] Extra-Large

Adult’s Sizes: [ ] Small [ ] Medium [ ] Large [ ] Extra-Large

FATHER/GUARDIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHERE EMPLOYED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORKING HOURS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER/GUARDIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHERE EMPLOYED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORKING HOURS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF NEITHER PARENT/ GUARDIAN CAN BE REACHED, **IN CASE OF EMERGENCY CALL**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone Number(s)

MEDICAL CONDITIONS OR ALERTS/ SPECIAL MEDICATION?

No\_\_\_\_\_ Yes \_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*IF YOUR CHILD IS ASTHMATIC OR HAS ALLERGIES TO BEES, ETC, THE PRESCRIBED MEDICATION MUST BE WITH THEM EACH DAY ALONG WITH THE DOCTORS DIRECTIONS FOR USE AT ALL TIMES, AND YOU MUST INFORM THE STAFF AND ADMINISTRATION IN WRITING ON THIS FORM! \*\*\*\***

**NORTH CENTRAL COLLEGE JUNIOR/SENIOR SCHOLARS**

**Para uso administrativo**

Received on: \_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_

**FORMA DE INSCRIPCIÓN**

**FAVOR DE USAR LETRA**

NOMBRE DE ESTUDIANTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA DE NACIMIENTO: \_\_\_\_\_\_\_\_\_\_\_ EDAD \_\_\_\_\_\_\_\_\_

ESCUELA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADO (este año escolar):\_\_\_\_\_\_\_\_\_

 Nombre Número Telefónico

MAESTRO(A)/CONSEJERO(A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NÚMERO DE SALON: \_\_\_\_\_\_\_\_\_

**Se completa por la maestra de primaria o de middle school:** **Se completa por el consejero de**

Nivel de Lectura: \_\_\_\_\_\_\_\_\_\_\_ **la secundaria:**

Nivel de Matemáticas: \_\_\_\_\_\_\_ GPA Acumulativo: \_\_\_\_

Nivel de ACCESS: \_\_\_\_\_\_\_\_\_\_ Créditos Ganados: \_\_\_\_\_\_

 **Favor de adjuntar una copia de su reporte escolar.**

Escribe nombre del maestro(a)/consejero(a) completando esta forma Fecha

DIRECCIÓN DE CASA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dirección Ciudad Código Postal

NÚMERO TELÉFONICO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NÚMERO DE CELULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TALLER DE CAMISETA: (Encierre uno con círculo)

 Tamaños de niños: chico mediano grande extra-grande

Tamaños de adultos: chico mediano grande extra-grande

NOMBRE DE PAPÁ/GUARDIÁN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NÚMERO DE CELULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CORREO ELECTONICO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DONDE EMPLEADO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELÉFONO DE NEGOCIO/CELULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HORARIO DE TRABAJO: \_\_\_\_\_\_\_\_\_\_\_\_\_

NOMBRE DE MAMÁ/GUARDIÁN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NÚMERO DE CELULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CORREO ELECTONICO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DONDE EMPLEADO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELÉFONO DE NEGOCIO/CELULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HORARIO DE TRABAJO: \_\_\_\_\_\_\_\_\_\_\_\_\_

SI LOS PADRES/GUARDIANES NO PUEDEN ESTAR LOCALIZADOS, **EN CASO DE EMERGENCIA LLAME A**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre Número Telefónico

CONDICIONES MÉDICOS O ALERTOS/ MEDICACIÓN ESPECIAL:

No\_\_\_\_\_\_\_ Si\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*SI SU HIJO/HIJA TIENE ASMA O ALERGIA A LAS ABEJAS, ETC, ¡DEBEN DE TENER SU MEDICINAS RECETADAS CON DIRECIONES EN COMO USARLAS EN TODOS LOS TIEMPOS Y USTED NECESITA INFORMAR A LOS EMPLEADOS O ADMINISTRACIÓN EN LETRA AQUÍ EN ESTA FORMA! \*\*\*\***

**SPECIAL HONORS** MY CHILD HAS RECEVIED INCLUDE (Please include honor roll, participation in teams, choir, band, student council, church, …:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THINGS YOU SHOULD KNOW** ABOUT HOW MY CHILD LEARNS BEST ARE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I RECEIVED AND READ THE INFORMATION SHEET**: YES NO

**I GIVE PERMISSION FOR MY SON/ DAUGHTER TO PARTICIPATE IN THE FOLLOWING ASPECTS OF THE NCC JUNIOR/ SENIOR** SCHOLARS PROGRAM:

(CHECK ALL OF THOSE APPROPRIATE)

\_\_\_\_ WEEKLY AFTER SCHOOL STUDY GROUP (5th – 8th grades ONLY)

\_\_\_\_ EVENING STUDY GROUP (9th-12th grades ONLY)

\_\_\_\_ SUMMER DROP-IN LEARNING CENTER (ALL)

\_\_\_\_ SUMMER CAMP AT NCC (ALL)

***\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Participation in the program requires all parent signatures.\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\****

**TRANSPORTATION**

I UNDERSTAND THAT I AM RESPONSIBLE FOR MY CHILD’S TRANSPORTATION **TO AND FROM** AND SUPERVISION **BEFORE AND AFTER** THE AFTER-SCHOOL/EVENING/ AND SUMMER CAMP PROGRAMS. I ACCEPT RESPONSIBILITY FOR MY CHILD RIDING ON THE TRANSPORTATION PROVIDED BY THE PROGRAM AND **I WILL MAKE SURE MY CHILD ABIDES BY ALL THE RULES FOR SAFE AND COURTEOUS CONDUCT**.

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I HEREBY AUTHORIZE THE STAFF OR ADMINISTRATORS OF THE JUNIOR/SENIOR SCHOLARS PROGRAM TO GIVE CONSENT FOR ANY AND ALL NECESSARY CARE FOR MY SON/ DAUGHTER WHILE SAID SON/DAUGHTER IS IN SAID INDIVIDUAL’S CUSTODY AND THE PARENT CANNOT BE REACHED.

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

**PHOTO PERMISSION**

PERMISSION IS GIVEN FOR PHOTOGRAPHY AND VIDEOTAPING FOR PUBLICITY, REPORTING AND RESEARCH PURPOSES.

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

**ACCESS TO TEST, GRADE, ATTENDANCE DATA PERMISSION**

PERMISSION IS GIVEN FOR MY SON/ DAUGHTER’S SCHOOL TO RELEASE TEST DATA, GRADES AND ATTENDANCE TO NCC JUNIOR/ SENIOR SCHOLARS PROGRAM PERSONNEL FOR PLANNING AND RESEARCH PURPOSES AND STUDENT MONITORING.

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

***\*\*\*I HAVE ATTACHED A COPY OF MY CHILD’S LATEST REPORT CARD\*\*\****

**THANK YOU!!!**

**HONORES ESPECIALES** QUE HA RECIBIDO MI HIJO(A) SON (Favor de incluir honores de cuadro de honor, participación en equipos, coro, banda, consejo estudiantil, la iglesia, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COSAS QUE DEBEN SABER** SOBRE LA FORMA EN QUE MI HIJO(A) APRENDE MEJOR SON:

YO RECIBÍ Y LEÍ LA HOJA DE INFORMACIÓN: SI/ NO

YO DOY PERMISO PARA QUE MI HIJO/A PARTICIPE EN LOS ASPECTOS DEL PROGRAMA NCC JUNIOR/ SENIOR SCHOLARS PROGRAM QUE SIGUEN: (MARQUE TODOS LOS APROPRIADOS)

\_\_\_\_ GRUPO DE ESTUDIO DESPUÉS DE ESCUELA CADA SEMANA (solamente grados 5º-8º)

\_\_\_\_ GRUPO DE ESTUDIO POR LA TARDE (solamente grados 9º-12º)

\_\_\_\_ CENTRO DE APRENDER EN EL VERANO (todos los grados)

\_\_\_\_ PROGRAMA ACADÉMICO EN EL VERANO EN NCC (todos los grados)

***\*\*\*\*\*\*Para que su hijo(a) participe en el programa, padres/madres tienen que firmar todas las partes abajo.\*\*\*\*\*\****

**TRANSPORTACIÓN**

YO ENTIENDO QUE SOY RESPONSABLE POR LA TRANSPORTACIÓN DE MI HIJO/A **PARA Y DE** Y SUPERVISIÓN **ANTES Y DESPUÉS** DE TODOS LOS PROGRAMAS. YO ACEPTO LA RESPONSABILIDAD POR MI HIJO/A USANDO LA TRANSPORTACIÓN PROVEÍDO POR EL PROGRAMA Y ASEGURÉ QUE MI HIJO/A SIGUE TODAS LAS REGLAS DE SEGURIDAD Y DE BUEN COMPORTAMIENTO.

FIRMA DE PADRE/GUARDIÁN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTORIZACIÓN PARA ASISTENCIA MÉDICA**

YO AUTORIZO A LOS EMPLEADOS O ADMINISTRADORES DEL PROGRAMA JUNIOR/SENIOR SCHOLARS PROGRAM PARA QUE DEN PERMISO PARA CUALQUIER ASISTENCIA QUE OCUPE MI HIJO/HIJA ESTE BAJO CUSTODIA DE LOS EMPLEADOS/ADMINISTRADORES Y LOS PADRES/GUARDIANES NO PUEDEN ESTAR LOCALIZADOS.

FIRMA DE PADRE/GUARDIÁN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISO DE FOTOS**

DOY PERMISO PARA QUE RETRATEN O GRABEN A MI HIJO/HIJA PARA PUBLICACIONES Y PARA INTENCIONES DE INVESTIGACIONES SOBRE EL PROGRAMA.

FIRMA DE PADRE/GUARDIÁN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISO PARA EL ACCESO DE NOTAS/EXÁMENES**

DOY PERMISO PARA QUE LA ESCUELA DISPENSE INFORMACIÓN SOBRE EXÁMENES, NOTAS Y ASISTENCIA A EMPLEADOS/ADMINISTRADORES DEL PROGRAMA NCC JUNIOR/ SENIOR SCHOLARS PROGRAM POR INTENCIONES DE PLANEAR, INTENCIONES DE INVESTIGACIONES SOBRE EL PROGRAMA Y MONITOREAR A LOS ESTUDIANTES.

FIRMA DE PADRE/GUARDIÁN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*YO ADJUNTADO UNA COPIA DEL REPORTE ESCOLAR MÁS RECIENTE DE MI HIJO(A)\*\*\****

**¡GRACIAS!**