

PLEASE COMPLETE ALL ITEMS AND PRINT CLEARLY - REQUIRED FIELDS ARE IN BOLD

ENGLISH PARENT 2017-2018

ESA Additionants Science Achievement Schools Program Enrollment Form

Are you a returning MESA Student? []Yes []No

Personal Information								
First Name: Last Name:				Birthdate:				
					D / YYYY)			
Home Address:								
	Stat			Gen	der: []-Male []-Female		
Day Phone:								
Ethnicity (select no more the select no more the se	<u>han two</u>):							
 African-American / Black American-Indian / Alaska Chinese / Chinese-Ameri East Indian / Pakistani Filipino / Filipino-America Japanese / Japanese-An 	a Native [] Mexican / M ican [] Pacific Islan other Pacifi an [] Vietnamese	orean-American Mexican-American / Chican nder (includes Micronesian ic Islanders) e / Vietnamese-American ucasian	o , Polynesian,	 Other Asian (not including Middle Eastern) Other Spanish-American / Latino (includes Cuban, Puerto Rican, Central & S. American) Other:				
Is a language other than Eng	lish spoken regularly in your	home?[]No[]Yes, sp	ecify:					
School and Parent Inform	nation							
School Name:			CA Statewide Student Identifier (CA SSID) – 10 digits (numbers only):					
Grade Level:								
Summer Program(s) Particip	ated in Past Summer (check a	all that apply): Ot	ner Academic Prog	grams participa	ation (check all that a	apply):		
[] MESA Summer Program [] Summer Job [] Other, please specify:		 [] UC Early Academic Outreach [] CSU Early Outreach [] AVID [] Upward Bound [] Puente [] COSMOS 						
Primary Career Interest (ple	ease check only one):	L .						
] Science [] He	her Math-Based Careers ealth Profession on-Math Based Career	[] Don't Kno	W				
I. Parent/Guardian Name: _		Wo	rk Phone:					
II. Parent/Guardian Name:		Wor	Work Phone:					
What is the highest level o	f education achieved by ea	ch of your parents or qua	rdians? (Please wri	te the correspond	ling number into the bo	xes).		
[] Parent I [] Parent II	1: No School / Elementary School 2: Eighth Grade or Less		6: Commu 7: 4-Year (nity College Do College Degree 4-Year Colleg	egree 9: M.S./M e 10: Don't	I.A./M.B.A./Ph.D		
What type of work have yo	ur parents/guardians typica	ally done over the past ye	ars or prior to re	tiring? (Please	write corresponding nu	mber into the boxes		
[] Parent I [] Parent II	1: Engineer 2: Computer Scientist 3: Other Professional	4: Manager/Supervisor 5: Sales/Clerical 6: Skilled technician	7: Factory 8: Farm wo 9: General	orker	10: Not employed 11: Don't know 12: Other, specify			
Please specify the courses	title of classes) you are c	urrently taking and/or pla	n to take this aca	idemic year:				
Mathematics:								
Science:								
English:								
Computers:								

I give my permission for MESA to obtain information about my academic performance from schools, colleges and testing agencies, to give my name and address to college and employer representatives, and to use my name, photograph and quotes in MESA-related releases and material.

Name		School			Track	Date of Birth	Current Grade	67	8	
								9 10	11 12	
		PSAT (RW / M)	SAT (RW / M / E) *	SAT Subject *	SAT Subject *	ACT w/ Writing * AP	AP	AP	AP	_
	First									
	Retake									
	Г	6	7	8	Current Teacher	* Note: Eligibility				
	History/Social Science					$- \underbrace{Essay \text{ or } ACT \text{ with}}_{ACT.}$	writing; Us	c require	es the SAT	or
	English					- Middle School S	tur daméa			
	Mathematics					- complete this sec		Y.		
	Laboratory Science					 Please complete wi 				
	Foreign Language					grades.				
	GPA					↓				
	_	9	10	11	12	Current Teacher				
А	History/Social Science (2)					↓ ←] High Sc	hool Str	idents M	ист
В	English (4)						complet			051
С	Mathematics (4)								curately <u>v</u> emester g	
D	Laboratory Science (3)						• This is	the A-G	subject	
Е	Foreign Language (3)							ements for C and CSU	r eligibility J.	y to
F	Visual/Performing Arts (1)							lows you irses that	to keep tra vou have	ack of
G	College Prep. Electives (1)						fulfille	d with gr	ades of C of es that you	or 1 still
	GPA							o complet		

PARENT AUTHORIZATION (ENGLISH)

I, ______, parent or legal guardian of the above-mentioned student, hereby give permission for my child to participate in MESA activities conducted by the University of California. I understand that the primary objective of the program is to encourage students to enroll in college preparatory courses, to participate in MESA academic support services. I also understand that such activities may be available until he/she enrolls at a college or university. I hereby authorize MESA Program directors, staff, and their assistants to engage in the following:

1. To have access to and to make and receive copies of my child's academic school records through the completion of the 12th grade. I understand that these records will be kept in strict confidence and will be used to: a) monitor my child's academic progress; and b) to determine when additional academic support services are needed.

2. To disclose information from my child's academic records to designated representatives of their colleges and universities so they may determine my child's eligibility for admission at their institutions, his/her need for special services, and for general use in planning outreach and recruitment activities. These records will be maintained by the University of California consistent with the Federal Family Education Rights and Privacy Act of 1974, applicable state laws and University policies.

3. To allow my child to attend field trips sponsored and coordinated by the MESA Program. I understand that my child will have adult supervision while on these field trips.

4. To use my child's name, photograph and quotes in MESA press releases and publications.

I certify that my child is physically fit such that he/she is able to participate in MESA activities and that I have read and understand any rules and safety provision established for this program.

In addition, I agree to assume full responsibility for any risk of injury, death, or property damage arising out of my child's participation in the program and I give permission for my child to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such emergency will be solely my responsibility.

I further release the University from any liability on account of injury to or death of my child arising out of my child's participation in MESA activities and hold the University harmless for any damage or costs that may be incurred due to acts of my child during participation in this program.

I understand that this consent may be withdrawn at any time by my written directions to the MESA Program Director.