



## Parental Consent Form

Student's Name: \_\_\_\_\_

Student's Age: \_\_\_\_\_

Please initial the sections for which you are giving consent and sign below:

\_\_\_\_\_ **Publicity:** I give my consent for my child(ren) to appear in photographs and/or videos publicizing Higher Orbit Foundation. I understand this material will be used for the sole purpose of promoting Higher Orbit activities for social awareness. I also understand that awareness is essential for a nonprofit organization such as Higher Orbit to mobilize financial and other support for its activities.

\_\_\_\_\_ **Participation in Activities:** I give my consent for my child(ren) to participate in the tutoring and mentoring services organized by the Higher Orbit Foundation. I understand that these activities will take place either through online classes or in-person at either Webb Middle School or a nearby Austin Public Library facility.

\_\_\_\_\_ **Directory:** I give my consent for my child(ren)'s information to be shared with other mentors and/or Higher Orbit Foundation officers for the sole purpose of providing optimum mentoring and other support services.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, I acknowledge that this authorization form shall remain on file and will be valid until revoked in writing by student's parent or legal guardian.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_