

PARENT/GUARDIAN INFO (*Información del padre o guardián*)

Parent/Guardian Name(s): _____

Address: _____
Street City State Zip

Preferred Email Address: _____

Home Phone #: _____ Cell #: _____
Text? Y N

Indicate sessions for which your student is available. Your student will attend only one session.
Indique a que secciones el estudiante está disponible. El estudiante atenderá solo a una sección.

Availability:

- Y (Si) N (No) Session 1: June 6th-30th, Monday through Thursday, 9am-noon.
 Y (Si) N (No) Session 2: June 6th-30th, Monday through Thursday, 12:30-3:30pm.
 Y (Si) N (No) Session 3: July 5th-29th, Tuesday through Friday, 9am-noon.
 Y (Si) N (No) Session 4: July 5th-29th, Tuesday through Friday, 12:30-3:30pm.

We will notify you about which session your student will attend.
Notificaremos a que sección el estudiante atenderá.

I give permission to release my student's academic information to SLCC and the RISE Program.
Yo doy divulgación de información académica de mi estudiante a SLCC y a el Programa RISE.

Y (Si)

I grant my child permission to participate in this program.
Concedo permiso a mi hijo para participar en este programa.

Parent/Guardian Signature (*Firma*): _____

Date (*Fecha*): _____

Please return your completed application to:

Your RISE Advisor, Your High School Counselor, or:

Salt Lake Community College
Attn. Kevin Miller
PO Box 30808
Salt Lake City, UT 84130
Kevin.miller@slcc.edu

This project was paid for by a StepUP READY Grant, provided by the Utah System of Higher Education. The goal of StepUP READY is to create opportunities for public education and higher education to work together to effect meaningful change in the college readiness of Utah's students.