



FALL 2024

Student Name: High School:	
Current Grade:	
I am aware that he/she is participating is an instructional activities program Avenue, Brooklyn, New York 11225 after school. If the course takes place by various forms of public and privalso understand that there may be ri	, certify that I am the parent/guardian of the student named above and g in the City University of New York (CUNY) College Now Program which taking place at Medgar Evers College (MEC), located at 1650 Bedford 5. I am aware that my child's course(s) will take place once/ twice a week, e on MEC campus, I understand that my child may travel to the college site ate transportation. I understand that some courses may require field trips. I isks involved in my child's departure from his/her home or school without e risks on behalf of my child and myself.
affiliation; and/or written and /or reco	Iew York (CUNY) to use my child's image or photograph, name, high school orded oral statements made in or about College Now, solely for the purposes ege Now program for other city students through CUNY's non-commercial College Now program and use on CUNY-TV and cuny.edu, in any manner ughout the world.
	Date:
Print Name of Parent/Guardian	Signature of Parent/Guardian
Parent Email Address:	
Parent Cell:	Work:
	vide two (2) contact persons over the age of 18 with valid phone RINTED.
1. Name:	Phone:
2. Name:	Phone:
If student is over the age of 18, they	may sign this application; parental consent/signature not required.
Student Signature:	Date: