



I, _____ (student full name), from _____ (school) promise and agree to:

1. Actively participate in the MESA Schools Program at my school site by attending meetings, tutoring sessions, and extra enrichment activities.
2. Attend at least two SDSU MESA Center event (Saturday Academies, MESA Day Competitions or Leadership Mtgs).
3. Create a profile in the California Colleges Website (<http://californiacolleges.edu>).
4. Submit copies of my grade reports to my MESA Advisor/MESA staff as requested.
5. Follow the Individual Academic Plan (IAP) established by the MESA Schools Program to ensure eligibility to the University of California, California State University or Independent Colleges.
6. See my MESA Advisor/MESA staff as required to review my academic plan.
7. Participate in PSAT/SAT test preparation as offered by the MESA Schools Program.
8. Attempt to attend at least one field trip that the MESA Schools Program provides to visit four-year colleges.
9. Behave graciously and professionally with utmost sportsmanship at all MESA Day Competition events.
10. At the first sign of a problem, trouble, or poor grade related to school or home, contact MESA staff to:
 - A) Discuss the problem with a professional (i.e. counselor, etc.)
 - B) Make an appointment to talk with MESA staff or my MESA Advisor to seek their advice.

MESA and its professional staff agree to:

1. Consider you a member of the MESA family, to treat you with respect, to care about you, and help you succeed academically.
2. Provide you and your school site with academic enrichment opportunities including workshops, fieldtrips, counseling, information about scholarships, summer programs, and other opportunities.

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 press releases. I understand that if my conduct at MESA events is disruptive or not in accordance with the MESA Code of Conduct, the Center Director reserves the right to expel me from the Program.

Student's Signature: _____

Date: _____

PARENT AUTHORIZATION

Student Name

School



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 and 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) determine when additional academic support services are needed.
2. To disclose information from my child's academic records to designated representatives of 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 and events 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, digital image, and quotes in MESA-related press releases and materials.

I certify that I have read and understand any rules and safety provisions 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 medical 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 the 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.

Parent or Legal Guardian's Signature

Please *Print* Name

Date

Emergency Phone Number

E-mail