**ACHIEVEMENT INSTITUTE for STEM Scholars**

INSTRUCTIONS: Check Parts A and B to indicate completed form sections

IMPORTANT: Make sure to attach your transcript with the application.

| **▢ PART A**: General Parent Contract, Release & Picture Release Form |
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I am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and agree with the Institute’s purpose and process. I have read all the information in the Student Application and Admission requirements and agree to the following:

1. Provide a quiet place in the student’s home where homework and other activities related to the program may be accomplished
2. I will attend meetings as required in order to support my son/daughter in this endeavor.

The Achievement Institute of Scientific Studies, its agents, and employees have my full permission and consent to transport and otherwise provide transportation for my son/daughter by public or private transportation in connection with all phases of the Institute’s activities during the period in which he/she is a participant. I hereby release and hold harmless Institute for any accident, injury, illness or any damage whatsoever related to the above-named student’s attendance and/or participation in any activity of the Institute.

I also agree to allow the Achievement Institute of Scientific Studies to photograph and keep all written materials produced by my child, while enrolled in the program.

The above-mentioned materials will be used for:

1. Brochures
2. Fundraising purposes
3. Newspaper and magazine articles
4. Management reports
5. Grant Application background information
6. Student university background information
7. Public relations materials created by participating business, industries, colleges, and universities

Parent/Guardian Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Zip:\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_

| **Equipment Loan Advisory**  Computer equipment, peripheral devices and other equipment are loaned to the student during their senior year of high school for the duration of the program. All equipment loaned to the students is the student’s responsibility. All loaned equipment is to be returned when the student completes the program, fails to complete the program or complete high school, unless approved by Director.  Signature of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Parent Release**  The Achievement Institute of Scientific Studies (AISS), its agents, and employees have my full permission and consent to transport and otherwise provide transportation for my son/daughter by public or private transportation in connection with all phases of AISS activities during the period in which he/she is a participant. I hereby release and hold harmless AISS members, agents and employees involved in planning, organization, and presentation of AISS for any accidents, injury, illness or any damage whatsoever related to the above-named student’s attendance and or participation in any activity of AISS.  Signature of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **▢ PART B**: Higher Education Counselor, or Coordinator Signature |
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| **School Confirmation of Federal Free Lunch Program Eligibility**  I hereby confirm that the above named student is eligible for the Federal Free Lunch Program    Name of School Counselor Name Position Phone |
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| School Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |