



Student Application for 6th-11th Grades

All information is kept in strict confidence. Please provide information for ALL sections of the application and print in ink. Completed applications must include a copy of the student's most recent report card.

Student Personal Information

Name: _____ Date of Birth: _____
Last First MI

Address: _____
Street Number & Name City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Student Email: _____ Parent Email: _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino
 Race: American Indian/Alaska Native
 Asian
 Black/African American
 Native Hawaiian or Other Pacific Islander
 White
 Free or Reduced Lunch: Yes No

School Information

Current Academic Year: 20__ - __ Current Grade Level: _____ Current School: _____

Student ID #: _____

Indicate if you are participating in any of the following programs or school activities by placing a check mark on the appropriate line.

Programs:	School Activities:
<input type="checkbox"/> Migrant Education	<input type="checkbox"/> Student Council
<input type="checkbox"/> Talent Search	<input type="checkbox"/> Student Newspaper
<input type="checkbox"/> AVID	<input type="checkbox"/> Student Yearbook
<input type="checkbox"/> GENaustin	<input type="checkbox"/> Sports
<input type="checkbox"/> GirlStart	<input type="checkbox"/> School Clubs
<input type="checkbox"/> University Outreach	Club 1:
<input type="checkbox"/> Breakthrough	Club 2:
<input type="checkbox"/> College Forward	
<input type="checkbox"/> Girl Scouts	

Family Information

Mother's Name: _____ Occupation: _____ Highest Grade Level: _____

Father's Name: _____ Occupation: _____ Highest Grade Level: _____

Does your father live at home (circle one)? Yes No Did your father graduate from college (circle one)? Yes No

Does your mother live at home (circle one)? Yes No Did your mother graduate from college (circle one)? Yes No

Number of immediate family members: _____ Number of family living at home: _____ Number of family members in college: _____

Language(s) spoken at home: English _____ Spanish _____ Both _____

**** Incomplete application or agreement will delay processing ****

Questions for Student Applicant

Do you consider attending college a top priority? (Check one) Yes No

What are your educational goals?

How do you feel you would benefit from the Con Mi MADRE program?

Questions for Parent Applicant

Do you consider attending college a top priority for your daughter? (Check one) Yes No

List your educational goals for your daughter.

How do you feel you and your daughter would benefit from the Con Mi MADRE program?

Please call our office at 512-475-6309 with any questions about our program or the application process.



PARTICIPATION AGREEMENT

Con Mi MADRE is designed to provide support and information to students and parents who participate in the program. These services are intended to prepare students to enter a college or university upon graduation from high school.

Student and Parent:

I, _____ and _____ must meet the following conditions
Student Parent(s) or Guardian

annually in exchange for the Con Mi MADRE services:

Middle School Program:

- complete 10 hours of conference/workshop time
- complete 15 hours of volunteer service in the community
- maintain a grade point average of 2.5 (85) or better
- Students, barring tests or class projects, must attend all campus group meetings if in attendance at school on meeting days

High School Program:

- complete 10 hours of conference/workshop time
- complete 20 hours of volunteer service in the community
- maintain a grade point average of 2.5 (85) or better
- Students, barring tests or class projects, must attend all campus group meetings if in attendance at school on meeting days

If I do not meet these conditions, I forfeit my membership in the Con Mi MADRE program.

Parent Approval of Student Participation

_____ is my child and is now under my control. She may participate in any
Student's Name (please print)

and all Con Mi MADRE programs, trips, etc. for which she is eligible. In consideration of my child being permitted to make trips and take part in Con Mi MADRE activities and the instruction my child will receive by reason thereof, I hereby relieve and release Con Mi MADRE, its sponsoring and participating universities, colleges, school districts, organizations, and their respective officers, employees, and agents, together with all those persons assisting with any phase of trips and all program activities (excluding paid certified carriers) from any and all liability, responsibilities for making trips and activities and hereby releases all of said parties from all liability by reason of any accident, injury or other harm that may be suffered by said child while on any trip or while participating in any program activities. I agree to indemnify and hold all of said parties harmless from all claims hereafter made by or asserted on behalf of the above named student.

Signature of Parent or Guardian

Printed Name

Date

**** Incomplete application or agreement will delay processing ****

Release of Information

I give permission for the release of information concerning my daughter _____
Student's Name
who is enrolled in at _____ Austin Independent School District.
Name of School

I understand that permission is being given so that:

Con Mi MADRE can obtain and/or provide the information below from the school, the Texas Education Agency and the local agencies specified below for evaluation purposes and in order to provide services that will help my child. These services may include but are not limited to supportive guidance and counseling, mentoring, educational support, tutoring, and referral to other agencies.

Information Collected:

- Grades
- Attendance Records
- TAKS
- Disciplinary records
- Free/Reduce lunch status
- Health Related information
- Class schedule
- Other _____

Rights of Consent: By signing this Release of Information Form, I acknowledge that I understand:

1. Records and information released under this consent will be kept confidential.
2. That this consent is voluntary and may be revoked at anytime by informing Con Mi MADRE staff, in writing.
3. That I have the right to inspect and obtain a copy of any records released by this consent upon request in writing.
4. I understand that this consent is effective for the duration of enrollment in the program.
5. I understand that release of records under this consent is subject to any limitations placed by the federal and state law.

My signature below authorizes Con Mi MADRE to obtain information from the Austin Independent School District: _____ school
Name of School

Parent/Guardian Name (Please Print) _____

Address: _____ City _____ Zip _____

Telephone HM _____ WK _____ Cell _____

Parent/Guardian Signature _____ Date: _____

Con Mi MADRE Staff Signature: _____ **Date:** _____

Safety of Minors

All staff, volunteers, and interns associated with Con Mi MADRE are required by state law to report any abuse towards a minor. If your daughter discloses information that indicates that she has been, or is currently being, abused as defined by state law, a report will be made to the proper authorities including the Department of Family and Protective Services (formerly CPS) or Austin Police Department. If your daughter discloses that she is in danger of harming herself or others, Con Mi MADRE will take the necessary steps to ensure her safety, which may include contacting parents or community resources.

Signature of Parent or Guardian

Printed Name

Date

Non-Fee/Photo Release

I, _____ grant Con Mi MADRE permission to reprint my photograph and my daughter's photograph to be used for Con Mi MADRE publications, websites, electronic and digital media, publicity or advertising. I understand that names may be used for picture captioning purposes when necessary. All photographs will remain the property of Con Mi MADRE.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

I DO NOT GIVE PERMISSION _____