



PARENT CONSENT FORM

Your son's/daughter's have been selected to receive unique college access services. The Fulfillment Fund (located at 6100 Wilshire Boulevard, Suite 600, Los Angeles, CA, 90048) is a non-profit organization established in 1977. We are dedicated to providing students opportunities to fulfill their lives through programs and services that help them achieve high school graduation and access to and completion of college.

Your child's College Access Advisor can be reached at (323) 939-9707. The objective of the Fulfillment Fund is to teach and empower your child to be successful in high school and beyond. Our staff will accomplish this by exposing your child to our in-class college access curriculum and by providing complementary services and resources outside of the classroom. The Fulfillment Fund is fully committed to supporting your child's educational goals.

In addition to receiving our weekly or biweekly curriculum, your child will have the opportunity to take advantage of some or all of the following Fulfillment Fund activities and services:

- 2- and 4-Year college experiences
- Experiential learning activities
- Educational workshops, such as SAT test prep and "Step Into Success"
- Financial aid advising and assistance in identifying scholarship opportunities (including Fulfillment Fund scholarships)
- Individualized academic, college, and career advising
- Mentoring services
- End of year celebrations
- CAP Leadership Crew
- Transfer Scholar
- Enrichment Programs (STEM, CLC, etc.,)

Please note that all of these services are free of charge to the student. In order to increase your child's chances of success, we ask that you encourage him/her to participate in as many Fulfillment Fund activities as deemed possible.

By signing this form, I hereby grant the Fulfillment Fund and its assigned staff access to my child's academic and school records for the period of time that they are enrolled in the Fulfillment Fund High School Program to support the assessment and measurement of my child's needs and progress, including transcripts, attendance records, student performance data, including test scores for ACT, PSAT, SAT and CAHSEE. I also grant my child permission to participate in Fulfillment Fund activities and I give the Fulfillment Fund permission to release or reproduce my child's photographs, artwork, writing, participation in promotional video, and/or the use of student's social media commentary. I understand that these materials and information may also be used to demonstrate and promote the effectiveness of Fulfillment Fund services.

REQUIRED BY STUDENT

Teacher: _____

Period: _____

Course Level: _____



FOR OFFICE USE ONLY

EE ID: _____

Processed By: _____

Processed Date: _____

Please fill out and return to your son/daughter, so that he/she can submit them to the College Access Advisor at his/her school.

Student Name: _____ Birth Date: _____
Print

High School: _____ Current Grade: _____
Print

Name of your Small Learning Community or Magnet: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian (Cell / Work) Number; Circle which one applies: _____

****Please provide email address if you would like to receive parent newsletters and additional Fulfillment Fund information****

Parent/Guardian Email: _____

Please provide two emergency contacts: (Required)

Name 1: _____ Relationship to student: _____

Circle which one applies: (Cell / Home) Phone Number: _____

Name 2: _____ Relationship to student: _____

Circle which one applies: (Cell / Home) Phone Number: _____

THIS CONSENT IS REVOCABLE AT ANY TIME

**PLEASE
SIGN HERE**



Parent/Guardian Name (Print): _____ Relationship to student: _____

Parent/Guardian (Signature): _____ Date: _____