

**SIMMONS COLLEGE UPWARD BOUND MATH/SCIENCE PROGRAM**

**Consent Form**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN.**

I hereby give permission for my son/daughter to participate in all activities of the Simmons College Upward Bound Math/Science Program from the date of his/her acceptance throughout his/her involvement with the Program and I hereby certify that the statements on this form are true to the best of my knowledge and belief. I further agree to support the administrative rules of Upward Bound and to cooperate with its staff to the fullest extent.

I also give the Simmons College Upward Bound Math/Science Program permission to receive both a cumulative and quarterly copy of my child's school academic record.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

I give the Simmons College Upward Bound Math/Science Program permission to receive cumulative copies of my school academic record.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_, give permission to have my child, \_\_\_\_\_  
(Parent or Guardian) (Applicant)  
tested by the Simmons College Upward Bound Math/Science Program for academic purposes. I understand the testing data is for Upward Bound M/S use only.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)