



PARENT/GUARDIAN CONSENT FORM

Dear Parent/Guardian:

Your student is applying to the National Alliance for Public Charter School's Rising Leaders Initiative. Please carefully read and sign this consent form. If you have any questions or would like further information, please call Cindy Pierre-Noel at 202-521-2828 or send an email to ringleaders@publiccharters.org.

NAME OF STUDENT: _____

- I understand that my child is applying for the National Alliance for Public Charter School's Rising Leaders Initiative and I hereby give permission for them to submit an application for the program.
- I understand that my child must be a high school student enrolled at a U.S. charter school in the 2022-2023 academic year and in good academic standing.
- I authorize the release of academic transcripts and educational recommendations from my child's school to the National Alliance for Public Charter Schools.
- I authorize the National Alliance for Public Charter Schools to publish or release application essays, videos, and pictures of my child for promotional or recognition purposes.

PARENT/GUARDIAN'S NAME (please print): _____

SIGNATURE: _____ DATE: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

Visit PublicCharters.org/RisingLeaders

800 Connecticut Avenue NW
Suite 300
Washington, D.C. 20006
202.289.2700