



**College Access Plan (CAP)**  
*Student Application/Contract*

As a continuing effort to support students towards college success, CAP in partnership with PUSD middle schools will offer college prep services and classes for middle school students. If you are interested, complete the following application form and return it to CAP programs or the LEARNs office as soon as possible! **Deadline for all applications is \_\_\_\_\_.** Students will be sent a reminder email and/or text before classes begin.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Student Email : \_\_\_\_\_ Grade : \_\_\_\_\_

Student Cell : \_\_\_\_\_ Can receive texts? Y N

Parent Name : \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Parent primary language (circle one): English Spanish Other \_\_\_\_\_

**\*\*STUDENT MUST STAPLE A TRANSCRIPT/ PRINT OUT OF GRADES (NAVIANCE) TO THIS FORM\*\***

Student: I understand that if I am admitted to the class, I must do my part to receive the full benefits of the program, workshops and sessions it has to offer. If I do not, I will lose my space in the program and workshop.

I will attend after school CAP session during the week

I will do all of the homework required for CAP

I will show up on time and prepared to all sessions

I agree to attend workshops offered by CAP throughout the year

By signing this document, I agree to the terms stated above.

Student Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Parent Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Class Schedule for 8 weeks – Starting \_\_\_\_\_**



Contact, Information, and Media  
Release for College Access Plan

(To be completed by parent or guardian)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Name: \_\_\_\_\_ School ID#: \_\_\_\_\_

Contact

I hereby grant permission for College Access Plan to make contact with my child and conduct a personal interview for purposes of program monitoring. College Access Plan may also make contact with my child on school premises for purposes of ongoing support of his/her participation in the CAP Program.

Information

I authorize College Access Plan to obtain any needed information regarding my child from his/her school's staff, academic and behavioral records and conversations with teachers, counselors, and other administrative staff. I also authorize College Access Plan to obtain my child's grades, PSAT and SAT scores.

Media

I give College Access Plan, their assigns, licenses and legal representatives the irrevocable right to use my name [or fictional name], picture, portrait, photograph, image, or voice in all forms and media and in all manners, including composite or purpose, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I also agree that this releases College Access Plan and any and all of its representatives from any and all monetary obligations or payments to me or any or all of my authorized representatives for use of video, films, photographs, image and/or voice of myself. I am of full legal age. I have read this release and am fully familiar with its contents.

Consent for Minor

I am the parent or legal guardian of the minor named above and have the legal authority to execute the above release.

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_