



**College Now Program at sponsored by
Kingsborough Community College**

Parent Guardian Notification and Consent

I am aware that my child is participating in the Kingsborough Community College Spring/Fall (circle one) 20__
College Now Program at _____ High School. I understand that the course takes place before or
after the school day at his/her high school as follows:

M T W Th F at _____ Course _____
(circle days) (time)

From _____ to _____

Parent/Guardian Acknowledgement

I acknowledge and consent to the below named student's participation in this program. I understand that he/she
may have to travel to and from the high school by public transportation. I understand that there may be risks
involved in my child's departure from his/her home, school or college without adult supervision, and I assume
those risks on behalf of my child and myself.

Print Name of Student

High School

Signature of Parent/Guardian

Date

Print name of Parent/Guardian

Date

Mailing Address (Street)

Borough

State

Zip

Home phone #

Cell phone #

Email Address

Name of Emergency Contact

Emergency contact phone #

