



**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 2019 College Now Program at \_\_\_\_\_KCC\_\_\_\_\_. 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 #

