



**NAACP Back to School/Stay in School
Parental Consent Form**

(To be completed by Parent/Legal Guardian at Registration and returned to BTS/SIS Local Coordinator)

Parent's Name: _____

Name of child referred for the program: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____(day) _____(evening)

E-mail Address: _____

Occupation: _____

Number of persons in your household: _____

Annual Household Income:

___ \$0-\$15,000 ___ \$15,000-\$25,000 ___ \$25,000-\$35,000 ___ \$35,000-\$50,000 ___ \$50,000-above

Are you a member of the NAACP? _____

If yes, what Branch or Youth Council? _____

Can you serve as a volunteer? _____

How did you hear about the program? _____

My child, _____, has my permission to participate in the NAACP Back to School/Stay in School Program.

Participant's Signature: _____

Parent's Signature: _____