

**APPLICATION DEADLINE: MAY 10, 2019**



**SALT RIVER JR. ACE—2019 Summer College Experience Application**

*This is a collaborative program with SRPMIC and Scottsdale Community College*

**Open to Current 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> graders**

**Program Dates for All Grades: June 3-6 & June 10-13, 2019**

**Program Times for All Grades: (7:30 a.m.—3:00 p.m.)**

**June 7, 2019 Field Trip for all grades (7:00 a.m.-5:00 p.m./ Location TBD)**

**Mandatory ORIENTATION: Please Choose Only One Date Below for Orientation**

- **April 13<sup>th</sup>, 2019** (Scottsdale Community College Campus: 9000 E. Chaparral Rd., Scottsdale, AZ 85256)  
Location: SCC Culinary, AP Building (east side of campus)
- **May 13<sup>th</sup>, 2019** (Salt River Schools ECEC Gathering Space: 4815 N. Center St., Scottsdale, AZ 85256)  
Choose *One* Session Time: 4:00, 5:00 or 6:00 p.m.

**REQUIRED FORMS CHECKLIST (FILL OUT FORMS COMPLETELY—PLEASE CHECK BACK AND FRONT OF ALL PAGES)**

1. ☐ Letter to Student with Student Pledge Form
2. ☐ Salt River Jr. ACE Application
3. ☐ Salt River Jr. ACE Pick Up Authorization
4. ☐ MCCCCD Student Emergency Information Form
5. ☐ MCCCCD Talent Release Form & Student Behavioral Contract
6. ☐ SR Schools Digital/Non-Digital Release Form
7. ☐ SR Schools Student & Parent Transportation Agreement
8. ☐ SR Schools School Bus Transportation Form
9. ☐ MCCCCD General Assumption of Risk and Release of Liability
10. ☐ MCCCCD Travel Assumption of Risk and Release of Liability
11. ☐ MCCCCD Student Information Release Authorization
12. ☐ MCCCCD Non-Credit Student Information Form
13. ☐ NEW STUDENTS MUST PROVIDE PROOF OF IDENTIFICATION; (DOCUMENTS NOT REQUIRED FOR RETURNING STUDENTS)
  - Tribal Certificate of Indian Blood, OR Tribal or Bureau of Indian Affairs Affidavit of Birth
  - Birth Certificate

**Jr. ACE CONTACTS: (PLEASE COMPLETE APPLICATION and TURN IN TO A CONTACT LISTED BELOW)**

American Indian Programs  
Scottsdale Community College  
9000 E Chaparral Road  
Scottsdale, AZ 85256  
Indigenous Cultural Center- 203  
(480)423-6531

Maria Chavez  
Parent and Comm. Involvement Specialist  
Salt River Schools  
Salt River Elementary School  
(480)362-2410  
[maria.chavez@saltriverschools.org](mailto:maria.chavez@saltriverschools.org)

Davina Leon  
Salt River Schools  
Salt River High School  
(480)362-2521  
[Davina.Leon@saltriverschools.org](mailto:Davina.Leon@saltriverschools.org)

**OFFICIAL USE ONLY: (Application Received by)**

- o SR or MPS  
Schools: \_\_\_\_\_ Sign/Date \_\_\_\_\_
- o SR Jr. ACE: \_\_\_\_\_ Sign/Date \_\_\_\_\_



Dear Potential Jr. Ace Student and Family,

Jr. ACE is about to begin and we are currently looking for potential students to attend our summer program. Please note that you must be a SRPMIC member OR reside within the SRPMIC OR attend SPRMIC Schools OR be a returning student or sibling to attend this program. This program is for students who are currently in the 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup> grades.

Each student is expected to participate fully which includes a mandatory orientation that both parent/guardian and student must attend. Orientation dates are below and by filling out this paperwork you understand that not attending the orientation may hinder the student's eligibility. If you cannot attend on the given dates please call 480-423-6531 to reschedule for another time.

We look forward to working with your child at this summer college experience!

Salt River Jr. ACE-*Ara Caddington*

***Student Pledge (Must be signed)***

Upon acceptance into the Salt River Jr. ACE Program, I, along with my parent or legal guardian, will attend a **MANDATORY** Summer Program Orientation. I will officially be a college student with the obligations and privileges of any other student at Scottsdale Community College (SCC). Classes taken at SCC will become a part of my permanent academic transcript with the college. If accepted, I agree to participate in all aspects of the Salt River Jr. ACE Program. By signing below I agree to make this commitment. By having my parent or legal guardian sign below means that they are in agreement to my commitment.

<u>X</u>		<u>X</u>	
Student Signature	Date	Parent or Legal Guardian Signature	Date

**Orientation:** Student and Parent/Guardian must attend one orientation session from the dates and times below:

***Scottsdale Community College (SCC):***

9000 East Chaparral Rd.

Scottsdale, AZ 85256

April 13, 2019 (Saturday)

Location: SCC Culinary- AP Building

9:30 a.m. – 12:30 p.m.

-or-

***Salt River ECEC Gathering Space:***

4815 N. Center St.

Scottsdale, AZ 85256

May 13, 2019 (Monday)

Choose one session time:

4:00 p.m., 5:00 p.m., or 6:00 p.m.



# SALT RIVER Jr. ACE APPLICATION

New or Returning Student: New ☐ Returning ☐ Current Grade Level: ☐ 5<sup>th</sup> grade ☐ 6<sup>th</sup> grade ☐ 7<sup>th</sup> grade ☐ 8<sup>th</sup> grade

Name of School currently attending: \_\_\_\_\_

Participating in STEP UP Summer Program (5<sup>th</sup> and 6<sup>th</sup> grade only)? Yes ☐ or No ☐

Participating in SRES Summer School? Yes ☐ or No ☐ / Participating in SRHS Jr. High Summer Program? Yes ☐ or No ☐

Participating in any other Summer Program? Yes ☐ or No ☐ If yes, please list: \_\_\_\_\_

## STUDENT INFORMATION

Tribal Affiliation:				DOB (M/D/Y):	
Full Name: (Please Print)	Last	First	M.I.	AGE:	

SRPMIC Group Home? Yes ☐ No ☐

Male ☐ Female ☐

Home/ Mailing Address:			
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Phone:		Email	

- Will student be a first generation college student (where neither parent has completed a four year degree)? Yes ☐ No ☐
- Adult T-shirt size (1 per student) Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X Large ☐ 3X Large ☐
- Are there any siblings that are currently applying and will be part of this summer program? Yes ☐ No ☐ If yes, please give the names and grades they are currently in: \_\_\_\_\_  
Current Grade Level: ☐ 5<sup>th</sup> grade ☐ 6<sup>th</sup> grade ☐ 7<sup>th</sup> grade ☐ 8<sup>th</sup> grade  
 \_\_\_\_\_  
Current Grade Level: ☐ 5<sup>th</sup> grade ☐ 6<sup>th</sup> grade ☐ 7<sup>th</sup> grade ☐ 8<sup>th</sup> grade
- Have any family members participated in a Hoop of Learning, ACE or Jr. ACE Programs? Yes ☐ or No ☐ please list: \_\_\_\_\_

## PARENT/LEGAL GUARDIAN INFORMATION

☐ Mother ☐ Father ☐ Legal Guardian Lives with student? Yes ☐ No ☐

Full Name: (Please Print)	Last	First	M.I.
Home/ Mailing Address:			
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Home Phone:		Best Time to call?	
Work Phone:		Best time to call?	
Cell Phone:		Best time to call?	
Personal Email:		Other Email:	

☐ Mother ☐ Father ☐ Legal Guardian Lives with student? Yes ☐ No ☐

Full Name: (Please Print)	Last	First	M.I.
Home/ Mailing Address:			
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Home Phone:		Best Time to call?	
Work Phone:		Best time to call?	
Cell Phone:		Best time to call?	
Personal Email:		Other Email:	

(Official Use Only) Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

## PICK UP AUTHORIZATION

Child's Full Name:	Date of Birth:
(Please Print) Last _____ First _____ M.I. _____	_____

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Authorization Form if your child will be dropped off or picked up at SCC during the program times of 9:30 am-3:00 pm. If this form is not thorough and complete, we the Salt River Jr. ACE Program **will not** release your child to anyone who you have not included on this Pick-up Authorization Form. All of the precautions for releasing students are to insure the safety of your child and are not meant to cause intentional inconvenience for parents/guardians or caregivers while on the Scottsdale Community College Campus.

- ALL STUDENTS** must be picked up and dropped off at the American Indian Program office: Indigenous Cultural Center Building (ICC-203) during scheduled program times (9:30-3:00) at SCC.
- We cannot accept phone call pick-up changes if it will be someone not on your authorized list.
- Picture I.D. is required for all individuals picking up a child.
- Please notify the people on your list that photo I.D. will be requested by Jr. ACE staff or receptionist prior to releasing your child.

I authorize the persons listed below to pick up my child from the Salt River Jr. ACE Program at Scottsdale Community College.

**Please include names of both parents (if applicable) guardians and caregivers on this list:**

Parent/Guardian Full Name:	Relationship: _____
(Please Print) Last _____ First _____ M.I. _____	
Home Phone: _____	Cell Phone: _____
Parent/Guardian Full Name:	Relationship: _____
(Please Print) Last _____ First _____ M.I. _____	
Home Phone: _____	Cell Phone: _____
Full Name:	Relationship: _____
(Please Print) Last _____ First _____ M.I. _____	
Home Phone: _____	Cell Phone: _____
Full Name:	Relationship: _____
(Please Print) Last _____ First _____ M.I. _____	
Home Phone: _____	Cell Phone: _____
Full Name:	Relationship: _____
(Please Print) Last _____ First _____ M.I. _____	
Home Phone: _____	Cell Phone: _____

By signing below, I verify that I have read and agree to the Student Pick-up policies described on the Pick-up Authorization Form, and authorize the Salt River Jr. ACE Program to release my child to the above listed persons.

Parent or Legal Guardian Signature	Date
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MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT  
2411 West 14th Street, Tempe, AZ 85281-6942

## Student Emergency Information Form

Name of Activity _____	Date _____
Student's Name* _____	
Student ID Number or Social Security Number* _____	
Student Home Phone* _____	Student Cell Phone _____
Student Email Address _____	
Name of Emergency Contact _____	
Emergency Contact Phone Number _____	Business Phone _____
Emergency Contact Address _____	
Name of Emergency Contact _____	
Emergency Contact Phone Number _____	Business Phone _____
Emergency Contact Address _____	
Family Physician _____	Phone _____
Preferred Hospital _____	
Medical Insurance _____	Policy # _____
Date of Last Physical _____	

History of Diabetes or Epilepsy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there any medical conditions that you would like us to be aware of? _____
Allergies to Sulfa, Penicillin, etc.?	<input type="checkbox"/> <input type="checkbox"/>	_____
Permission to Administer Anesthetic?	<input type="checkbox"/> <input type="checkbox"/>	_____
Is your child on daily medication?	<input type="checkbox"/> <input type="checkbox"/>	Can your child participate in regular Physical Activities? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Does your child have a 504 or IEP plan? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need any special accommodations (wheelchair accessibility, sign language interpreter, vegetarian meals, etc)? _____ _____		

I understand that MCCCDC employees are not authorized to dispense, store or hold in possession student medications (i.e. insulin, epi-pens, inhalers, etc.), including but not limited to all other prescription medication, non-prescription medication, vitamins and supplements. Students are permitted to carry and self-administer medication for asthmatic, diabetic or severe allergic reaction (anaphylaxis). Special storing mechanisms (i.e. coolers) for medications must be provided by the student. I further authorize MCCCDC/\_\_\_\_\_ (insert college) to obtain emergency transportation and medical treatment necessary in the event of injury or illness while I am at the educational site and that I accept responsibility for any emergency transportation and medical treatment expenses and any subsequent medical bills that I may incur.

\_\_\_\_\_  
Parent/Guardian Signature\*

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature\*

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

*The original copy of this completed form must be in the possession of the instructor/staff member on the trip  
A copy of this this completed form is to be in the possession of the Early College Programs office prior to the trip.*

## Alternative Emergency Contacts

**PLEASE LIST TWO (2) emergency contacts. Make sure those listed below are WILLING AND AWARE that they ARE LISTED ON your child's emergency form.**

Primary Emergency Contact (Full Name) (Relationship)		Secondary Emergency Contact (Full Name) (Relationship)	
( )	( )	( )	( )
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, State, ZIP Code		City, State, ZIP Code	



I authorize the Maricopa County Community College District, and those acting within its authority, to, at no charge:

- Record my participation, appearance or performance on video tape, audio tape, film, photograph or any other medium.
- Use my name, likeness, voice and biographical material in connection with these recordings.
- Copy the recording, in whole or in part and distribute it, including through podcasts on the Internet, solely for educational purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate.

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

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\_\_\_\_\_  
Signature: \_\_\_\_\_

Parent/Guardian

Signature (if under 18) : \_\_\_\_\_ Witness: \_\_\_\_\_

**Student Behavioral Contract  
Rules and Responsibilities**

As a district supported program, participating individuals are required to abide by the policies and procedures established by the Student Code of Conduct as well as by the Governing Board of the Maricopa County Community College District for in-state and out-of-state travel. Participants are also required to follow the policies and procedures set forth by the college, district, and the organization hosting the event.

Costs are provided by the college and other entities.

**A. Adherence to Policies and Procedures**

All participating students will be required to adhere to established policies and procedures. The "honor system" will apply to all aspects of this trip. This means that you regulate your own behavior and discourage others from actions that violate district policies and procedures as well as this contract.

**B. Participation in Activities**

All attendees are required to participate in each activity listed on the daily agenda. No deviations to the schedule will be made by students without the approval of their advisor(s). Participants are expected to respect the time and effort of others by being on time and actively participating in all scheduled activities.

**C. Use of Drugs and/or Alcohol**

The use of alcohol and/or illicit drugs is strictly forbidden according to the policies of the Maricopa County Community College District.

**D. Behavior**

As students, as well as members and/or officers of a student organization or athletic team, participants are expected to conduct themselves in a manner which

- 1) Reflects positively on themselves, the club/organization/team, the college, and the district
- 2) Reflects commitment to integrity in personal, social and academic involvements, and
- 3) Is respectful of others and worthy of respect from others.

**E. Dress**

Participants are expected to dress appropriately for any and all occasions.

Any student violating this behavioral contract may be sent home. In addition, any student violating this behavioral contract will be subject to further discipline as outlined in the Student Code of Conduct. Furthermore, officers and athletes may be removed from the student organization or team. I have read the above provisions and agree to abide by them for the entire duration of this district supported program. This contract is for the 2018-2019 fiscal year.

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

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



## Digital/Non-Digital Student Image (likeness) & Voice Release Form

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I \_\_\_\_\_ (Print first & last name) give my consent for the reproduction of my voice and / or likeness, without regard to said reproduction being digital or non-digital, for purposes related to business conducted by the SRPMIC Education Division. Uses will include but may not be limited to the following: images and / or video content used for the Education Division Community School(s) web site(s) or approved social media sites, yearbook photography, posters and content related to school promotion or broadcast(s) both internal and external including news outlets; as approved, where necessary, by Education Division Leadership.

Reproduction of my voice and / or likeness shall not be used with or without my name for any other purpose whatsoever without my express written consent.

I acknowledge that the Salt River Pima-Maricopa Indian Community is the owner of all rights and copyrights in and related to the reproduction thereof. All digital and non-digital copies or originals shall constitute the property of the owner solely and completely.

The EDUCATION DIVISION shall have the right to retain and maintain the property (as identified herein) subject to the direction of the Community or an authorized representative thereof, in order to protect or safeguard such property on behalf of the Salt River Pima-Maricopa Indian Community.

I understand that I shall receive no compensation for my appearance and participation.

I represent that I am (Check one):

☐ 18 years of age, or older, and have the right to enter into this agreement.

☐ Under 18 years of age and my parent or guardian has consented to my execution of this release by signing below.

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Student Signature

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Date

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Parent/Guardian Signature (*if under 18 years old*)

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Date





SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

## PARENT & STUDENT TRANSPORTATION AGREEMENT



We, (Student Name)\_\_\_\_\_ and (Parent Name) \_\_\_\_\_  
have read and understand the Parent & Student Transportation Agreement and understand  
that riding the bus is a privilege and bus driving privileges may be revoked if Student does  
not follow the Article 4 – Students Policy, Article 7 - Student Transportation Policy, the  
student's applicable school handbook and its bus rules. We understand that the policies and  
handbooks are available online at [www.srpmic-ed.org](http://www.srpmic-ed.org).

By signing below we agree to abide by all of the above policies, rules and regulations. We  
clearly understand that infractions may result in suspension and/or termination of student  
transportation services.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

## School Bus Transportation Form



Please read the following information, complete all applicable fields, and submit directly to your school registrar to ensure transportation on the first day of school. The registrar will send your request form to the Education Transportation Department. **\*NOTE: Only Kindergarten & Early Childhood Education Center students are eligible for door-to-door pick-up\***

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

School Attending: \_\_\_\_\_

### INDICATE IF STUDENT WILL OR WILL NOT REQUIRE BUS SERVICES: (CHECK BOX)

**WILL NOT** require bus service (sign & date below)

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**WILL** require bus service (check one)

AM ONLY

PM ONLY

BOTH AM & PM

**PLEASE PLACE AN "X" NEXT TO RESIDENCE ON MAP PROVIDED ON PAGE 2 AND PROVIDE PLACE OF RESIDENCE BELOW. (REQUIRED)**

Home Address: \_\_\_\_\_

(Cross Roads, Street): \_\_\_\_\_

### INDICATE AN ALTERNATE PICK-UP AND DROP OFF IF NEEDED. (OPTIONAL)

Alternate Address: \_\_\_\_\_

(Cross Roads, Street): \_\_\_\_\_

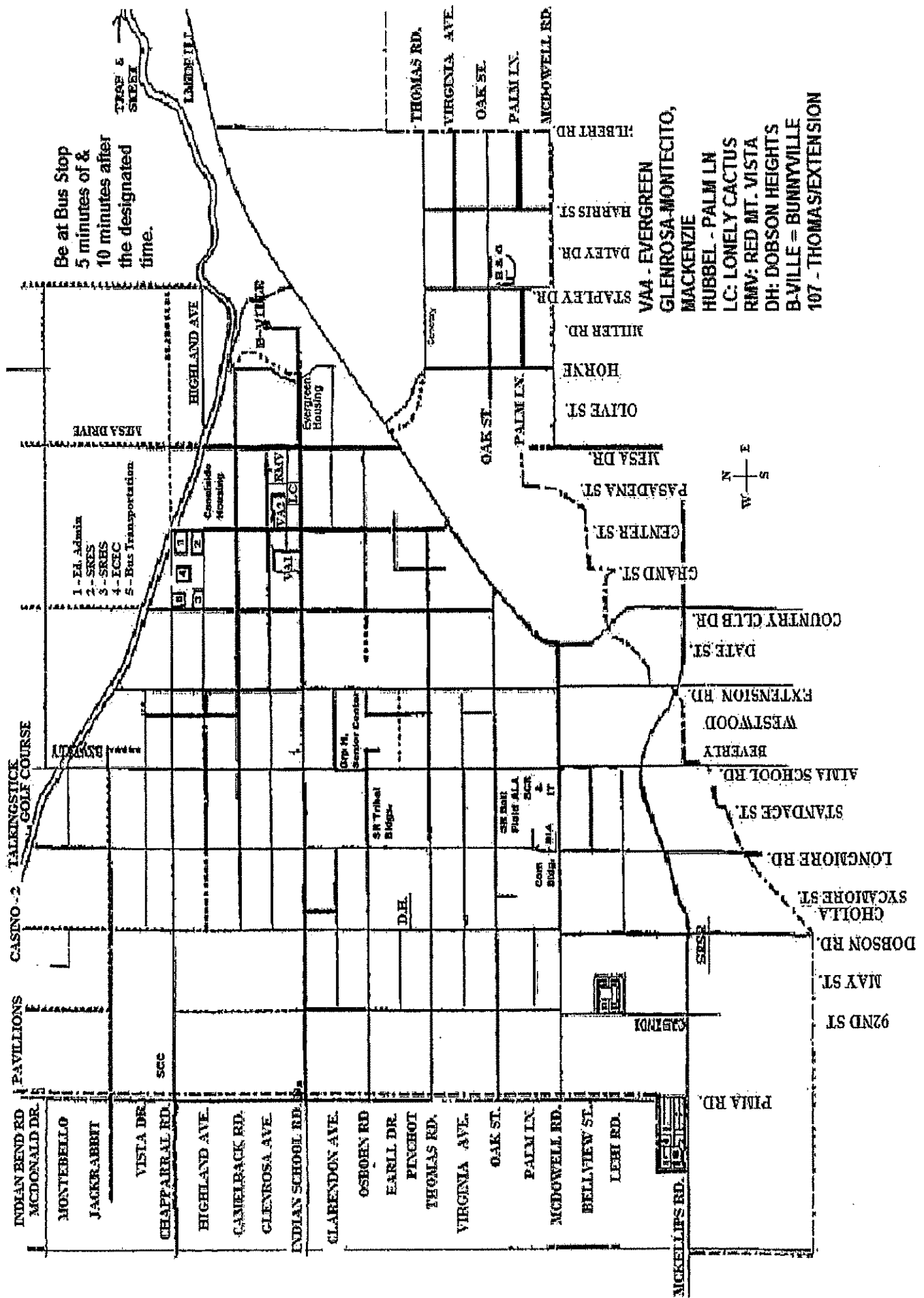
Signature below indicates the home address listed above is the true residence of the student named above. I understand that I/we are obligated to file a new application if we change any of the above addresses. I understand the rules for safe bus riding and accept the responsibility to ensure my child(ren) understand and abide by the Parent & Student Transportation Agreement.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\* Processing may take up to five (5) school days. Transportation Services will notify you of your start date of services. \*\*\***

For questions, please call: School Bus Coordinator at 480-362-2127 or  
Transportation Manager/Facilities Liaison at 480-362-2121





MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT  
2411 West 14<sup>th</sup> Street, Tempe, AZ 85281-6942

## GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

*For Students*

**Caution:** *This is a release of legal rights. Read and understand it before signing.*

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

Salt River Jr. ACE Program

JUNE 3-13, 2019

I \_\_\_\_\_, freely choose to participate in the \_\_\_\_\_ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

**RISKS INVOLVED IN PROGRAM:** (Specific dangers endemic in this Program's activity.)

Possible hazards and/or risks associated with participation in this activity are as follows: bodily harm and/or injury resulting from exposure to heat, cold, or rainy weather conditions; extensive walking, possible stair climbing, and possible exposure to wet sidewalks; damage or loss of personal property; extended period of sitting; possible exposure to food allergens depending upon certain individual's medical and health conditions; possible injury and/or death during outdoor/nature events while participating in this event.

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

---

Signature of Program Participant

---

Date

---

Signature of Parent or Legal Guardian (if student is a minor)

---

Date



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT  
2411 West 14<sup>th</sup> Street, Tempe, AZ 85281-6942

**TRAVEL ASSUMPTION OF RISK & RELEASE OF LIABILITY**

*For Students*

**Caution:** *This is a release of legal rights. Read and understand it before signing.*

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

Salt River Jr. ACE Program

JUNE 3-13, 2019

I \_\_\_\_\_, freely choose to participate in the \_\_\_\_\_ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

**SPECIFIC HAZARDS OF TRAVEL:** (Specific dangers endemic in this Program's area of travel.)

May require long periods of sitting/riding in a vehicle. Possible injury and/or death during transportation to/from this activity.

**INSTITUTIONAL ARRANGEMENTS:** I understand that College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that College is providing these services only as a convenience to participants and that accordingly, College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that College is not responsible for matters that are beyond its control. I acknowledge that College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by College.

**INDEPENDENT ACTIVITY:** I understand that College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

**TRAVEL CHANGES:** If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

---

Signature of Program Participant

---

Date

---

Signature of Parent or Legal Guardian (if student is a minor)

---

Date



# Student Information Release Authorization

☐ CGCC ☐ EMCC ☐ GCC ☐ GWCC ☐ MCC ☐ PCC ☐ PVCC ☐ RSC ☐ SCC ☐ SMCC

This form is required for each college institution you attend.

In compliance with the federal *Family Educational Rights and Privacy Act of 1974 (FERPA)* a college/university is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fee assessments, financial aid (including scholarships, grants, work – study, or loan amounts), and other student record information. This restriction applies, but is not limited to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the college/university permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The college/university does not automatically send information to a third party.

**NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student records. Your authorization to release information **expires after 1 year from date of submission;** however, you may revoke your authorization at any time by sending a written request.

**I, the student, acknowledge the information listed above and agree to the terms of the Student Information Release Authorization.**

STUDENT SIGNATURE IS REQUIRED

\_\_\_\_\_  
(Signature of Student - REQUIRED)

\_\_\_\_\_  
DATE

## STUDENT INFORMATION

Name: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Student ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Security Question

When the person named below is asked to authenticate his/her identity by providing at least one personal security question answer. *You, the student, should choose at least one personal security question and provide it to your third party contact.*

Elementary School: \_\_\_\_\_

First Automobile: \_\_\_\_\_

Mother's Maiden name: \_\_\_\_\_



**INFORMATION MAY BE RELEASED TO THE FOLLOWING PERSON (PARTY)**

Name: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**A picture ID must be presented by the individual authorized to view this student's records.**

**CHECK ONE OR MORE BOXES BELOW TO GRANT AUTHORIZATION**

- ☐ All educational records
- ☐ Billing statements, charges, credits, payments, past due amounts, and/or collection activity
- ☐ Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress
- ☐ College/university maintained loan disbursements, billing and repayment history (including credit reporting history), communication history, balances, and/or collection activity.
- ☐ Access to student records maintained by the Records and Registration Office and the Cashier's Office including all of the above examples
- ☐ Student Conduct

***This Release Form does not pertain to DRS students.***



Check the box in front of the college or skill center identifying where you plan to attend.

☐ Chandler-Gilbert    ☐ Estrella Mountain    ☐ GateWay    ☐ Glendale    ☐ Mesa    ☐ Paradise Valley    ☐ Phoenix  
☐ Rio Salado    ☐ Scottsdale    ☐ South Mountain    ☐ Southwest Skill Center    ☐ GateWay – Central City / Deer Valley

**APPLICANT INFORMATION**

Student ID# \_\_\_\_\_ Term of Enrollment ☐ Fall ☐ Spring ☐ Summer Year \_\_\_\_\_

Legal Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Legal Sex ☐ Female ☐ Male ☐ Other  
MM/DD/YYYY

Gender Identity ☐ Man ☐ Woman ☐ Trans male/trans man ☐ Trans female/trans woman  
☐ Genderqueer/Gender non-conforming ☐ Other Identity

SSN# \_\_\_\_\_ Your Social Security Number (SSN#) will not be used as your primary student Identification number and will be kept confidential. Individuals that wish to gain full access to Maricopa's secure online self-service resources must provide both the Social Security Number and Date of Birth. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credit, and must be used by applicants for federal and state aid, as well as Veteran's Administration benefits.

**CONTACT INFORMATION**

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number Home \_\_\_\_\_ Cellular \_\_\_\_\_

☐ By checking this box, I give permission to the Maricopa Community Colleges to send SMS text messages and automated calls or other methods of communication by submitting this form. NOTE: All students and employees are enrolled in the text message ALERT notification system. In order to receive Emergency Alerts concerning health and safety of people on campus / sites via text message, please be sure to provide your current cell phone number.

Email Address Home \_\_\_\_\_ Other \_\_\_\_\_

**DEMOGRAPHIC INFORMATION  
RACE/ETHNICITY\***

	Primary Y/N	Percentage	Ethnic Group / Tribe
Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
American Indian / Alaska Native	_____	_____	_____
Asian	_____	_____	_____
Black or African American	_____	_____	_____
Native Hawaiian or other Pacific Islander	_____	_____	_____
White	_____	_____	_____

\*Voluntary information used to comply with Federal Reporting and has no effect on admission to the college. This information will not be used for any discriminatory purpose.

**INFORMATION RELEASE - FERPA**

Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)? ☐ Yes ☐ No

## PREVIOUS EDUCATION

**Previous College** (check highest level completed)

- ☐ Associate Degree      ☐ Bachelor Degree      ☐ Master Degree  
☐ No College or University      ☐ Some College while enrolled in HS      ☐ Some College, no degree

**High School Status** (check one box)

- ☐ High School Diploma      High School Name \_\_\_\_\_ State \_\_\_\_\_  
Completion Date \_\_\_\_\_
- ☐ GED Certificate      Completion Date \_\_\_\_\_ State \_\_\_\_\_
- ☐ Currently Enrolled      High School Name \_\_\_\_\_ State \_\_\_\_\_  
Expected Completion Date \_\_\_\_\_
- ☐ Home Taught      Expected Completion Date \_\_\_\_\_
- ☐ No diploma or GED, and under the age of 18      ☐ No diploma or GED, and over the age of 18

## VEHICLE EMISSIONS AGREEMENT

In accordance with Arizona Statutes 15-1444 and 15-1449, I hereby certify that my vehicle as required by ARS § 49-542 has passed a vehicle emissions test. I also understand that false certification of this affidavit constitutes a class 2 misdemeanor in Arizona.

If I fail to comply with the above, I understand that I am prohibited from parking on college property and my vehicle is subject to removal at my expense.      ☐ I acknowledge the above statement      ☐ I do not park on campus

## REQUIREMENTS and DISCLOSURES

- ☐ I acknowledge that I have read the Maricopa Tuition and Fees Policy and the Maricopa Refund Policy. I understand that I am responsible for all tuition and fees related to my enrollment in the Maricopa Community Colleges.
- ☐ If you are a student under the age of 18, additional permission will be required by a parent or guardian to enroll in classes, and accept responsibility for tuition and fees. Prior to enrollment in classes, please contact the Admissions, Records, and Registration office at the institution you are interested in attending to provide the necessary consent.
- ☐ I swear under the penalty of perjury that the document(s) I will submit to determine lawful presence in the United States are true and the information I provide on the form is true and complete.
- ☐ I certify that the answers on this application are true and complete.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**ALL OF THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND IN COMPLIANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974. THE ACTS PROVISIONS ARE EXPLAINED IN THE GENERAL CATALOG.**

For crime statistics reported under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, please visit [www.maricopa.edu/safety](http://www.maricopa.edu/safety). Policies can be found online through [www.maricopa.edu](http://www.maricopa.edu) or you may request a copy from Admissions and Records.

## CLASS REGISTRATION

Course No.	Class No.	Course Title	Time (Start/End)	Day/Date(s)	Fee
					\$
					\$
					\$
					\$