

**MEMORANDUM OF UNDERSTANDING BETWEEN
THE EDUCATION AND LEADERSHIP FOUNDATION
AND
THE DELENO JOINT UNION HIGH SCHOOL DISTRICT, MIGRANT EDUCATION
REGION XIV
MISL SUMMER PROGRAM 2017**

This Memorandum of Understanding is entered on this _____ day of _____, 2017, by and between the Education and Leadership Foundation, a 501 (c) 3 Non-profit Organization with a business address of 4290 E. Ashlan Ave, Fresno, CA 93726 (hereinafter referred to as "ELF"), and the Delano Joint Union High School District, Migrant Education Program Region XIV, with a business address of 1720 Norwalk Street, Delano, CA 93515 (Hereinafter referred to as "DJUHSD") regarding the **Migrant Institute for STEM and Leadership 2017**.

RECITALS

WHEREAS, the DJUHSD has identified the need for a summer intervention program to be developed to address the academic needs of migrant students, including, the preparation and exposure to the areas in STEM (Science, Technology, Engineering and Mathematics) and Leadership, targeting Priority For Service (PFS) students.

WHEREAS, the ELF is capable of implementing a STEM and Leadership Enrichment Summer Institute developed for migrant students.

NOW, THEREFORE, both parties agree to the following:

I. Responsibilities of DJUHSD

The DJUHSD shall be responsible for the following:

- a. Identification and recruitment of 10 migrant students to participate in MISL 2017.
- b. Provide transportation for students and parents on June 11, 2017 and on June 23, 2017.
- c. Identify and recruit the parents to participate in a one-day orientation and leadership training.
- d. Secure and provide funding for 10 students to participate in MISL 2017.

II. Responsibilities of ELF

The ELF shall be responsible for the following:

- a. Securing facilities at California State University, Fresno to implement the Institute.
- b. Secure and provide lodging and meals for participants.
- c. Recruit and provide highly qualified Instructors and service professionals in the areas of Engineering, Mathematics and Science to plan and implement the STEM curriculum.
- d. Recruit and provide a highly qualified Activities Coordinator to implement leadership and career events.

- e. Recruit and provide highly qualified Residential Advisors to monitor and supervise student participants throughout the duration of the Institute.
- f. Train and supervise the service professionals and resident advisors who will work with the ELF and DJUHSD Administrators on Policies and Procedures, Appropriate Dress Code, Understanding the Educational System, Confidentiality, Mandated Reporting, and Program Goals and Objectives.
- g. Assign service professionals and instructors who shall provide thirty (30) hours of instruction per week for two (2) weeks during the duration of MISL. Twelve (12) additional hours for professional development, preparation and training shall be provided.
- h. Maintain a complete file of MISL staff, service professionals, and instructors at the ELF office, including, but not limited to, documentation of fingerprint clearance, TB testing, First Aid/CPR/AED Certification, Resume, Letters of recommendation and completed application. The files will be available for review by DJUHSD during regular business hours.
- i. Certify that the ELF, its employees, interns or subcontractors, who may come in contact with pupils, have not been convicted of a felony as defined in Education Code Section 45122.1.
 - i. The ELF has in place an agreement with the Department of Justice for “subsequent arrest service” and shall immediately inform the DJUHSD, and remove from the premises where pupils may be present, any employee or subcontractor whom the ELF discovers has been subsequently charged with a felony defined in Education Code Section 45122.1 pending resolution of criminal charge.
 - ii. The ELF shall indemnify, hold harmless, and defend causes of action arising out of ELF’s failure to comply with this section or arising out of the ELF’s removal of any employee based on subsequent arrest. This obligation shall survive the term of the Agreement.

III. Project Duration and Description

The **Migrant Institute for STEM and Leadership 2017**, which encompasses STEM, Leadership and Career Readiness, will run from June 11, 2017 to June 23, 2017. The program will include the following:

- a. STEM Curriculum- Students will receive instruction and participate in hands-on activities designed around the areas of Science, Technology, Engineering and Mathematics.
 - i. Science- Students will participate in science lessons and experiments that will expose them to molecules and organisms.
 - ii. Technology/Engineering- Students will participate in hands-on activities involving technology and engineering such as, robotics, computers, etc. Students will be introduced to engineering and the different types of engineers (civil, electrical, mechanical, structural, etc.). Students will focus in renewable energy sources via hands-on activities that promote critical thinking, decision-making, planning, and experimentation skills. Topics will cover renewable energy, windmills, solar panels, circuits, and structures.

- iii. Mathematics- Students will use mathematics in the engineering activities they will participate in.
- b. Leadership and Career Readiness - Students will be involved in leadership activities. They will learn the concepts of teamwork, trust, overcoming fears/challenges, etc. Students will also participate in a one-day enrichment tour.

IV. Payment

DJUHSD agrees to pay to the ELF the amount of Twenty-One Thousand Dollars and No/100 (\$21,000.00) for all services under this agreement, which includes supervision/monitoring, lodging/meals, supplies/materials, instruction and administration fee. Upon receipt of a detailed invoice for all services provided, the DJUHSD shall make two payments on June 1, 2017 (\$10,500.00) and a final payment on June 30, 2017 (\$10,500.00).

V. Term

This agreement shall remain in effect from the date hereof. The Education and Leadership Foundation and the Delano Joint Union High School District, Migrant Education Program Region XIV have the right to negate this MOU and any future addendum by informing the partner in writing.

VI. Modifications

This agreement may be altered or amended, in whole or in part at any time, only by filing with this agreement a written document signed by the representatives of ELF and the DJUHSD setting forth such changes.

VII. Performance of Necessary Acts

ELF and DJUHSD agree to perform any further acts and to execute and deliver additional documents, which may be reasonably necessary to carry out the provisions and intent of this agreement.

VIII. Entire Understanding

This MOU contains the entire understanding between the parties with respect to the matters contained herein, and no prior oral agreement shall be effective for any purpose.

In witness whereof, the Education and Leadership Foundation and the Delano Joint Union High School District, Migrant Education Program, Region XIV have executed this Memorandum of Understanding on this _____ day of _____ 2017.

Mr. Raul Z. Moreno, CEO
Education and Leadership Foundation
4290 E. Ashlan Ave.
Fresno, CA 93726

Dolores Rodriguez, Director
Delano Joint Union High School District MEP
1747 Princeton Street
Delano, CA 932215

Dr. Terri Nuckols, Superintendent
Delano Joint Union High School District
1720 Norwalk Street.
Delano, CA 93215



General Information

Program Description

The Migrant Institute for STEM and Leadership 2017, which encompasses STEM, Leadership and Career Readiness, will run from June 11, 2017 to June 23, 2017 and it will include activities in: STEM curriculum, Engineering, Technology, Agriculture Science and Medical Science.

Goals

- To expose migrant students to the university setting
- To expose migrant students to different careers in Engineering, Agriculture and Medicine
- To expose migrant students to careers exploration
- To develop leadership and teamwork skills

Migrant Regions



Region III
Luis Romero
Coordinator
Luromero@mcoe.org
(209) 381-6654



Region IV
Evaristo Treviño
Program Manager
etrevino@fcoe.org
(559) 497-3995



Region VIII
Gilbert Amancio
Area Administrator (Region 8)
gamancio@migrant.tcoe.org
(562) 355-6154



Region XXIII
Manuel Nuñez
Director II
mnunez@sjcoe.net
(209) 468-9291



Region XXIV
Margie Hernandez
Youth Program Coordinator
margieh@lindsay.k12.ca.us
(559) 562-1703



Raúl Z. Moreno, Coordinator
Dream Outreach Center
University Center 125
5240 Jackson Ave., MS UC59
Fresno, CA 93740
(559) 278-5750



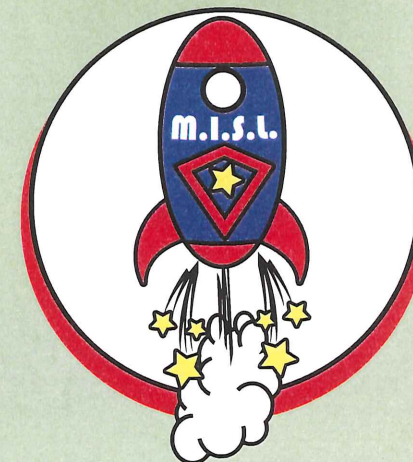
Pedro López
Educational Programs Coordinator
Education and Leadership Foundation
4290 E. Ashlan Ave, Fresno, CA 93726
Office: (559) 291-5428
Cell: (559) 765-8410
plopez@education-leadership.org

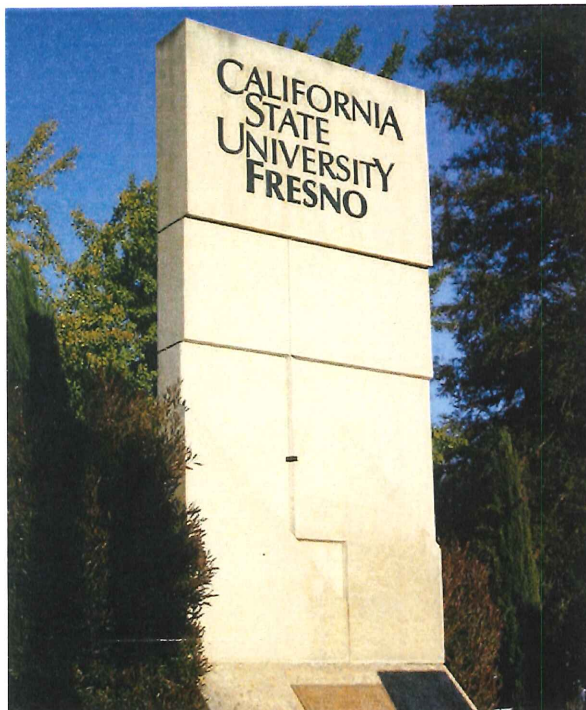
www.education-leadership.org

MIGRANT INSTITUTE *of* STEM *and* LEADERSHIP

Summer 2017

June 11 - June 23





Información General

Descripción del Programa

El Instituto Migrante de STEM y Liderazgo 2017, que esta compuesto de STEM, Liderazgo y la exploración de carreras universitarias será del 11 de junio del 2017 al 23 de junio del 2017 y estará compuesto de: Currículo de STEM, Ingeniería, Tecnología, Ciencia Agrícola y Ciencia de Medicina.

Metas

- Exponer a los estudiantes migrantes a la universidad
- Exponer a los estudiantes migrantes a diferentes carreras universitarias en Ingeniería, Agricultura y Medicina.
- Exponer a los estudiantes migrantes a explorar sobre la carrera de su interés
- Desarrollar habilidades de liderazgo y trabajo en equipo

Regiones Migrantes



Region III
Luis Romero
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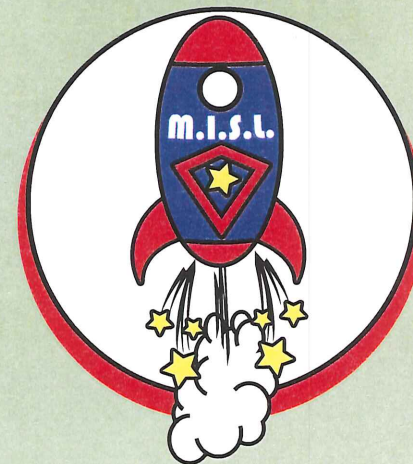


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MIGRANT INSTITUTE *of* STEM *and* LEADERSHIP

Verano 2017
Junio 11 - Junio 23



Program Schedule

MONDAY through FRIDAY

6:00 am Wake-up Call

7:00 am BREAKFAST - University Dining Hall

8:00 am CLASS 1 - Engineering Class

10:00 am CLASS 2 - Ag Science Class

12:00 pm LUNCH - University Dining Hall

1:00 pm CLASS 3 - Medical Science

3:00 pm Visual and Performing Arts

5:00 pm Career Readiness Project

6:00 pm DINNER - University Dining Hall

7:00 pm Leadership/Teamwork Activities

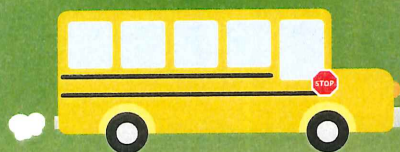
8:00 pm SPORTS

9:00 pm Dorms

10:00 pm Lights Out/Staff Meeting (RAs and Admin)



EDUCATIONAL ONE-DAY FIELD TRIP!



Academic Classes

Engineering

The Engineering course for MISL 2016 exposed the students to basic concepts of engineering through the lenses of:

- Electrical Engineering
- Computer Science and
- Civil Engineering

Medical Science

The Medical Science class for MISL 2016 exposed the students to a variety of topics related to the Medical field. Each topic started with a lecture and followed with a hands-on activity or experiment. In this class, students were also exposed to opportunities in different careers in medicine.

Agricultural Science

The Agricultural Science class offered the students a unique opportunity to experience many of the careers that Agriculture can offer. This class was taught in an actual Lab from the Agriculture Department at CSU, Fresno. Students were also exposed to the Fresno State Farm as well as the Tractors and Agriculture Equipment.

Enrichment Classes

Leadership Development

Students will be involved in innovative leadership activities. They will learn the concepts of:

- Leadership
- Teamwork
- Trust
- Overcoming fears
- Overcoming challenges

Visual and Performing Arts

Students will be exposed to the African culture through dance, music, ceramics, arts and crafts.

- Dance
- Drumming
- Ceramics
- Arts and Crafts



Horario del Programa

de LUNES a VIERNES

6:00 am Llamada para despertar

7:00 am DESAYUNO - University Dining Hall

8:00 am 1ª CLASE - Clase de ingeniería

10:00 am 2ª CLASE - Clase de ciencia agrícola

12:00 pm ALMUERZO - University Dining Hall

1:00 pm 3ª CLASE - Ciencia

3:00 pm Artes visuales y escénicas

5:00 pm Proyecto para preparación de carreras

6:00 pm CENA - University Dining Hall

7:00 pm Actividades de equipo y liderazgo

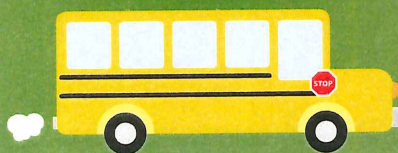
8:00 pm DEPORTES

9:00 pm Dormitorios

10:00 pm Apagar luces/Reunion de los empleados
(RAs y Admin)



¡ VIAJE EDUCACIONAL!
POR UN DÍA



Clases Académicas

Ingeniería

El curso de ingeniería de MISL 2016 expuso a los estudiantes a conceptos básicos de ingeniería a través de las materias de:

- Ingeniería Eléctrica
- Computación
- Ingeniería Civil

Ciencias Médicas

La clase de Ciencias Médicas de MISL 2016 expuso a los estudiantes a una variedad de temas relacionados con el campo médico. Cada tema comenzó con una lección seguida por una actividad práctica o experimento. En esta clase, los estudiantes también fueron expuestos a oportunidades en diferentes carreras en medicina.

Ciencias Agrícolas

La clase de Ciencias Agrícolas ofreció a los estudiantes una oportunidad única de experimentar muchas de las carreras que la agricultura puede ofrecer. Esta clase fue enseñada en un salón de laboratorio real del departamento de agricultura en la universidad estatal de Fresno. Los estudiantes también fueron expuestos a la granja de la universidad de Fresno así como a los tractores y maquinaria de agricultura.

Clases de Enriquecimiento

Desarrollo de Liderazgo

Los estudiantes participarán en actividades innovadoras de liderazgo. Ellos aprenderán los conceptos de:

- Liderazgo
- Trabajo en equipo
- Confianza
- Superación de miedos
- Superación de retos

Artes Visuales y Escénicas

Los estudiantes serán expuestos a la cultura africana a través de la danza, las artes, la artesanía y la música.

- Baile
- Tocar el tambor
- Artesanía
- Arte y manualidades



CONFIDENTIAL



CONFIDENTIAL

M.I.S.L. Application

The following application is for students who will be in the 9th, 10th, or 11th grade in the upcoming school year.

CONTACT INFORMATION			
Student's Name:			
<i>Last Name</i>		<i>First Name</i>	
<i>M.I.</i>			
School:		Grade:	Gender: M / F
Home Address:			Apartment #:
City:		State:	Zip Code:
Home Phone:	Cell Phone:	Email:	
Mother's Name:		Father's Name:	

NOTE TO PARENT/GUARDIAN: By signing below, I give my son/daughter permission to attend M.I.S.L. beginning on Sunday, June 11, 2017 and ending on Friday, June 23, 2017. I am aware my son/daughter will stay at the university dorms for the duration of the program. If further clarification is needed, the Education and Leadership Foundation staff may contact me at the phone number provided above.

Parent/Guardian Signature

Date

Confidencial



Confidencial

Solicitud Para El Programa M.I.S.L.

La siguiente aplicación es para estudiantes que estarán en el noveno, décimo o décimo primer grado en el próximo año escolar.

INFORMACION DE CONTACTO			
Nombre del Estudiante:			
<i>Apellido</i>		<i>Nombre</i>	<i>Segundo Nombre</i>
Escuela:	Año Escolar:	Género: M / F	
Domicilio:		Número de Apartamento:	
Ciudad:	Estado:	Código Postal:	
Teléfono de Casa:	Teléfono Celular:	Correo Electrónico:	
Nombre de la mamá:		Nombre del papá:	

NOTA AL PADRE/TUTOR: Al firmar la parte de abajo, yo doy permiso a mi hijo/hija de asistir a M.I.S.L. que empezará el domingo 11 de junio del 2017 y se acabará el viernes 23 de junio del 2017. Yo estoy consiente de que mi hijo/a se quedará en los dormitorios de la universidad estatal de Fresno durante el curso del programa. En caso de necesitar aclaración adicional, el personal de la Fundación de Educación y Liderazgo puede contactarme al teléfono que he anotado en la parte de arriba.

Firma del Padre o Tutor/Guardián

Fecha

STUDENT EMERGENCY CONTACT FORM

In case of an emergency, it is imperative that the Education and Leadership Foundation be able to reach the student's parent or guardian. Please complete the information below accurately. Please type or use ink and print clearly and legibly.

STUDENT INFORMATION				
			M / F	
Last Name	First Name	Middle Name	Gender	Grade
Home Address (Primary Residence):		City:		Zip Code:
Mailing Address (If different from above):		City:		Zip Code:
Home Phone:		Birthdate:		

MOTHER/GUARDIAN		
Last Name	First Name	Employer
Email:		
Home Address (If different from above):		City:
Home Phone:		Zip Code:
	Cell Phone:	Work Phone:

FATHER/GUARDIAN		
Last Name	First Name	Employer
Email:		
Home Address (If different from above):		City:
Home Phone:		Zip Code:
	Cell Phone:	Work Phone:

I declare that the information on this form is true and correct. I will notify the Education and Leadership Foundation of any changes to be made in the foregoing information.

Parent/Guardian Signature

Relationship

Date

FORMULARIO DE CONTACTOS DE EMERGENCIA DEL ESTUDIANTE

En caso de emergencia, es imprescindible que la Fundación de Educación y Liderazgo pueda localizar al padre o tutor del estudiante. Por favor complete la información abajo cuidadosamente y con precisión. Por favor use tinta y escriba claro y legiblemente.

ESTUDIANTE				
			M / F	
Apellido	Primer Nombre	Segundo Nombre	Género	Año Escolar
Dirección de Casa (Domicilio Principal):		Ciudad:	Código Postal:	
Dirección Postal, si diferente al anterior:		Ciudad:	Código Postal:	
Teléfono de Casa:		Fecha de Nacimiento:		

MADRE/TUTOR		
Apellido	Nombre	Empleador
Correo Electrónico:		
Dirección de Casa, si es diferente al anterior:	Ciudad:	Código Postal:
Teléfono de Casa:	Teléfono Celular:	Teléfono del Trabajo:

PADRE/TUTOR		
Apellido	Nombre	Empleador
Correo Electrónico:		
Dirección de Casa, si es diferente al anterior:	Ciudad:	Código Postal:
Teléfono de Casa:	Teléfono Celular:	Teléfono del Trabajo:

Yo declaro que la información en esta forma es veraz y correcta. Yo notificaré inmediatamente a la Fundación de Educación y Liderazgo de cualquier cambio que se tenga que hacer a la información antes mencionada.

Firma del Padre/Tutor

Relación

Fecha

STUDENT EMERGENCY CONTACT FORM/MEDICAL CONSENT

Student's Name (Last, First, MI.): _____

If your child requires medication during the duration of the program, all medication must be in the original prescription container with a current date and the child's name.

MEDICATION	DOSAGE	HOUR(S) GIVEN

HEALTH INSURANCE INFORMATION	
<input type="checkbox"/> Family Health Insurance <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Medi-Cal # _____	
Health Plan Group Name:	Policy Number:
Physician/Health Care Provider:	Policy Number:
Dentist:	Policy Number:

MEDICAL CONDITIONS	
Severe allergies requiring: <input type="checkbox"/> Epi-pen <input type="checkbox"/> Benadryl	Food/Environmental: <input type="checkbox"/> Stinging Insects/Bees <input type="checkbox"/> Medicines/Drugs <input type="checkbox"/> Other
Please Explain:	
<input type="checkbox"/> Current Asthma If checked: _____ uses inhaler _____ on daily medication	Behavioral Problems:
<input type="checkbox"/> Current Seizures If checked: _____ on medication	Movement Problems:
<input type="checkbox"/> Diabetes If checked: _____ insulin dependent	Other:
<input type="checkbox"/> Any recent illness, hospitalization, or surgery	If checked, please provide date(s) and description(s):
Any medical condition which might require care or accommodation during the program (please describe):	

I/we, the undersigned parent(s) or legal guardian of _____ a minor, do hereby give authorization and consent to the Education and Leadership Foundation to obtain emergency medical care and necessary transportation, including x-ray examination, anesthetic, medical or surgical diagnosis and emergency hospital which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provisions of the medicine practice act and the State of California Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the student, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached.

_____ is the hospital I/we prefer for emergency medical treatment of my/our child. I/we understand that the Education and Leadership Foundation does not provide accident/medical insurance for students, and I/we further understand that all costs related to medical treatment may be my/our responsibility and not that of the Education and Leadership Foundation.

Parent/Guardian Signature: _____ Date: _____

FORMULARIO DE EMERGENCIA Y CONCENTIMIENTO MEDICO

Nombre del estudiante (Apellido, Nombre, Segundo Nombre):

Si su hijo/a necesita medicamentos durante el programa, toda medicina que se mande al programa deberá estar en el envase original de la receta con fecha reciente y el nombre del niño/a.

MEDICAMENTO	DOSIS	HORA(S) A TOMAR

INFORMACION DE SEGURO DE SALUD	
<input type="checkbox"/> Seguro de Salud Familiar <input type="checkbox"/> Medi-Cal # _____	<input type="checkbox"/> No tengo Seguro de Salud
Nombre del Grupo de Plan de Salud:	Número de Póliza:
Medico/Proveedor de Servicios de Salud:	Número de Póliza:
Dentista:	Número de Póliza:

PADECIMIENTOS MEDICOS	
Alergias severas que requieren: <input type="checkbox"/> Epi-pen <input type="checkbox"/> Benadryl	Comidas/ambiental: <input type="checkbox"/> Abejas/Insectos con Aguijones <input type="checkbox"/> Medicinas/Fármacos <input type="checkbox"/> Otros
Por favor, explique:	
<input type="checkbox"/> Asma De ser así: _____ usa inhalador _____ medicamento diario	Problemas de Comportamiento:
<input type="checkbox"/> Convulsiones De ser así: _____ bajo medicamento	Limitaciones de Movimiento:
<input type="checkbox"/> Diabetes De ser así: _____ depende de insulina	Otros:
<input type="checkbox"/> Enfermedades, hospitalización o cirugías recientes.	De ser así, por favor proporcione la fecha/s y descripción/es:
Padecimiento Médico que pudiera requerir asistencia médica por parte del programa, por favor describa:	

Yo/nosotros, el abajo firmante padre/s o tutor legal de: _____, un menor, por medio de la presente doy autorización y el consentimiento a la Fundación de Educación y Liderazgo de obtener cuidado médico de emergencia y transportación necesaria, incluyendo exámenes de rayos x, anestésicos, diagnósticos médicos o quirúrgicos y hospital de emergencia el cual se considere aconsejable siendo proporcionado bajo la supervisión general o específica del personal médico y de la sala de emergencias autorizados bajo las disposiciones del Acta de la Practica de la medicina y el Departamento de Salud Pública del Estado de California. Se entiende que se hará el esfuerzo de contactar al abajo firmante antes de prestar tratamiento al estudiante, pero que cualquiera de los tratamientos no serán aplazados si el abajo firmante o los adultos autorizados no pueden ser localizados.

_____ es el hospital que yo/nosotros preferimos en caso de tratamiento médico de emergencias para mi/nuestro hijo/a. Yo/nosotros entendemos que la Fundación de Educación y Liderazgo no proporciona seguro de accidente/médico para estudiantes y que además yo/nosotros entendemos que todos los costos relacionados al tratamiento médico puede ser mi/nuestra responsabilidad y no de la Fundación de Educación y Liderazgo.

Firma del Padre/Tutor: _____

Fecha: _____

PERMISION FOR EDUCATIONAL FIELDTRIP

Student's Name:		
<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>
School:	Grade:	Gender: M / F

I hereby give permission to the Education and Leadership Foundation to take my son/daughter on fieldtrips to locations including, but not limited to, NASA AMES Research Center, San Jose Tech Museum, and Great America.

Parent/Guardian Signature Date Phone Number

MEDIA RELEASE FORM

Student's Name (Last, First, MI.):	Grade:	Gender: M / F
------------------------------------	--------	-------------------------

By signing below, I give permission for my son/daughter to be interviewed, photographed, and/or videotaped while participating in the M.I.S.L. Summer Program. I am aware there are times the program may be featured in news stories and reporters, photographers, and/or film crews from television, radio stations, and newspapers may wish to interview my son/daughter. I understand that such photographs, video recordings, and/or reports will be property of the Education and Leadership Foundation and may be used ONLY for the purpose of documenting or publicizing the M.I.S.L. Summer Program.

____ **Mi hijo/hija tiene permiso de ser entrevistado, fotografiado, y/o grabado en video mientras participa en el Programa de Verano M.I.S.L.**

Parent/Guardian Signature Date Phone Number

MOVIE RELEASE FORM

Student's Name (Last, First, MI.):	Grade:	Gender: M / F
------------------------------------	--------	-------------------------

Students may be shown one or two movies during the weekend. The movies are rated either "G," "PG," or "PG-13." In order for your son/daughter to view a "PG" or "PG-13" rated movie, we must have your permission. This form will serve as a permission slip.

- ____ **Yes, my son/daughter is allowed to view "PG" rated movies.**
____ **Yes, my son/daughter is allowed to view "PG-13" rated movies.**
____ **No, my son/daughter is not allowed to view "PG" or "PG-13" rated movies.**

Parent/Guardian Signature Date Phone Number

AUTORIZACION PARA LAS EXCURSIONES EDUCATIVAS

Nombre del Estudiante:		
<i>Apellido</i>	<i>Nombre</i>	<i>Segundo Nombre</i>
Escuela:	Año Escolar:	Género: M / F

Yo doy mi autorización para que el personal de la Fundación de Educación y Liderazgo lleven a mi hijo/hija a excursiones en las siguientes ubicaciones, pero no se limitan a, NASA AMES, Museo de Tecnología de San Jose, y Great America.

Firma del Padre/Tutor

Fecha

Número Telefónico

CONSENTIMIENTO PARA ENTREVISTA CON LOS MEDIOS

Nombre del Estudiante (Apellido, Nombre):	Año Escolar:	Género: M / F
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Al firmar la parte de abajo, yo doy permiso que mi hijo/hija pueda ser entrevistado, fotografiado, y/o grabado en video mientras participa en el Programa de Verano M.I.S.L. Yo estoy consciente de que habrá momentos en que el programa saldrá en reportajes de prensa y los reporteros, fotógrafos, y/o el equipo de filmación de la televisión, estaciones de radio, y periódicos pudieran querer entrevistar a mi hijo/hija. Yo comprendo que tales fotografías, grabaciones de video, y/o reportajes serán propiedad de la Fundación de Educación y Liderazgo y podrá ser utilizado **SOLAMENTE** con el propósito de documentar o promocionar el Programa de Verano M.I.S.L.

____ **Mi hijo/hija tiene permiso de ser entrevistado, fotografiado, y/o grabado en video mientras participa en el Programa de Verano M.I.S.L.**

Firma del Padre/Tutor

Fecha

Número Telefónico

CONSENTIMIENTO PARA VER PELICULAS

Nombre del Estudiante (Apellido, Nombre):	Año Escolar:	Género: M / F
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Los estudiantes tendrán la oportunidad de ver una o dos películas durante el programa. Estas películas son clasificadas "G", "PG", o "PG-13." Para que su hijo/hija pueda ver una película clasificada como "PG" o "PG-13", nosotros debemos tener su autorización. Esta forma servirá como permiso.

- ____ **Sí, mi hijo/hija tiene permiso de ver películas clasificadas "PG".**
- ____ **Sí, mi hijo/hija tiene permiso de ver películas clasificadas "PG-13".**
- ____ **No, mi hijo/hija no tiene permiso de ver películas clasificadas "PG" o "PG-13".**

Firma del Padre/Tutor

Fecha

Número Telefónico