



## Application Consent Form

This Application Consent Form must be printed out, signed and submitted to the ACES student success coordinator at your high school by **January 12, 2024**.

I authorize partners of the ACES Program to review and disclose information in my/my child's education records which may be relevant to the ACES Program, including IEP/504 plan information, transcripts, financial aid information and other academic information that will be shared on an as-needed basis.

**COMMUNICATION CONSENT:** Our various methods of communication include, but are not limited to, US mail, email, phone calls, text messaging, video conferencing (Ex. Zoom), and social media. We respectfully ask for permission to use these various approaches as a possible means to communicate with both parent/guardian and student, as they are critical in helping us recruit and deliver our programming to students in order to become college and life prepared. **By signing this form, you are providing the ACES program with permission to utilize these various forms of communication to reach both parents/guardians and students for matters related to the ACES program.**

Upon acceptance to the ACES program, I authorize my child to complete an application for Montgomery College (MC) to receive access to MC resources in order to remain eligible for the ACES program. Montgomery College resources are required to fully participate in the ACES program. Students may be removed from the program if they do not complete a Montgomery College Application with their ACES student success coordinator.

The ACES Program reserves the right to consider all applications on a case-by-case basis and may take additional personal and academic factors into account when making final admission decisions. The ACES Program will not disclose personally identifiable information to another party or for another purpose without student/guardian prior consent.

This Application Consent Form is part of the application to the ACES Program and not an application to Montgomery College or any of the programs at the Universities at Shady Grove.

I understand that submitting an application does not guarantee acceptance into the ACES program.

Student MCPS ID: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

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

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

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

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

Parents/Guardians: to ensure that you and your child receive all communications regarding the ACES Program, please provide us with the following information.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Parent email: \_\_\_\_\_

**There is no cost to participate in the ACES Program.**