

APPLICATION/ENROLLMENT FORM (EF) AY 2023-2024



PLEASE COMPLETE ALL ITEMS AND PRINT CLEARLY – Required Fields are in BOLD

School : _____ Are you a returning MESA student? Yes No

CA SSID: _____

Last Name: _____ First Name: _____ M.I.: _____

Email Address : _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____ Secondary Phone: (____) _____ - _____

Gender: Female Male Trans Female/Trans Woman Trans Male/Trans Man
 Genderqueer/Gender Non-Conforming Different Identity Unavailable/Decline to State

Grade Level: _____ Birthdate: ____/____/____

Ethnicity (please write the corresponding number(s) into the space provided): _____

01 African American / Black	09 Pacific Islander (includes Micronesian, Polynesian, other Pacific Islanders)
02 American-Indian/Alaskan Native	10 Vietnamese/Vietnamese-American
03 Chinese/Chinese-American	11 White/Southwest Asian and North African
04 East Indian/Pakistani	12 Other Asian (Not including Middle Eastern)
05 Filipino/Filipino-American	13 Other Spanish-American/Latinx (includes Cuban, Puerto Rican, Central and South American)
06 Japanese/Japanese-American	14 More Than One
07 Korean/Korean-American	15 Other (not listed above)
08 Mexican/Mexican-American/Chicanx	16 Decline to State/Don't Know

Is a language other than English spoken regularly in your home? 1. No 2. Yes
 If yes, specify _____

Summer Programs Participated in Past Summer (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> 1. MESA Summer Program | <input type="checkbox"/> 3. Summer Job |
| <input type="checkbox"/> 2. Summer Advancement Academy (SAA) | <input type="checkbox"/> 4. Other Program, please specify _____ |

Other Academic Programs Participated (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> 1. Puente | <input type="checkbox"/> 4. Upward Bound |
| <input type="checkbox"/> 2. UC Early Academic Outreach | <input type="checkbox"/> 5. AVID |
| <input type="checkbox"/> 3. CSU Early Outreach | <input type="checkbox"/> 6. COSMOS |

Primary Career Interest (please check one):

- | | |
|--|--|
| <input type="checkbox"/> 1. Engineering | <input type="checkbox"/> 6. Other Math-Based Careers |
| <input type="checkbox"/> 2. Computer Science | <input type="checkbox"/> 7. Health Profession |
| <input type="checkbox"/> 3. Physical Science | <input type="checkbox"/> 8. Non-Math Based Career |
| <input type="checkbox"/> 5. Business | <input type="checkbox"/> 9. Don't Know |

Parent/Guardian Name 1: _____

Phone: () _____ - _____

Parent/Guardian Name 2: _____

Phone: () _____ - _____

Highest level of education achieved by each of your parents or guardians?
(please write the corresponding number on the applicable line):

Parent 1

Parent 2

- 1. Did Not Graduate from High School
- 2. High School Graduate
- 3. Some College or University
- 4. Community college degree
- 5. 4-year college degree
- 6. Beyond 4-year college degree
- 7. M.S./M.A./M.B.A./Ph.D degree
- 8. Don't know

What type of work have your parents or guardians typically done over the past years or prior to retiring? (please write the corresponding number into the boxes):

Parent 1

Parent 2

- 1. Engineer
- 2. Computer Scientist
- 3. Other Professional
- 4. Manager/Supervisor
- 5. Sales/Clerical
- 6. Skilled technician, trade
- 7. Factory worker
- 8. Farm worker
- 9. General worker
- 10. Never employed
- 11. Don't know

I give my permission for MESA to obtain information about my academic performance from schools, colleges, and testing agencies, to give my name and address to college and employer representatives, and to use my name, photograph and quotes in MESA-related press releases and materials.

Student's Signature: _____ Date: _____

MSP 23-24

List your Fall courses below:

Student Name _____ School _____

Period/Course Title	Teacher	Room
0. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

Home Room:

**PARENT AUTHORIZATION
ACADEMIC YEAR 2023-2024**

Student Name

School

I, _____ parent or legal guardian of the above-mentioned student, hereby gives permission for my child to participate in MESA activities conducted by the University of California. I understand that the primary objective of the program is to encourage students to enroll in college preparatory courses and participate in MESA academic support services. I also understand that such activities may be available until he/she enrolls at a college or university.

I hereby authorize MESA Program directors, staff and their assistants to engage in the following:

1. To have access to, and to make and receive copies of, my child's academic school records through the completion of the 12th grade. I understand that these records will be kept in strict confidence and will be used to: a) monitor my child's academic progress; and b) determine when additional academic support services are needed.
2. To disclose information from my child's academic records to designated representatives of colleges and universities so they may determine my child's eligibility for admission at their institutions, his/her need for special services, and for general use in planning outreach and recruitment activities. These records will be maintained by the University of California consistent with the Federal Family Education Rights and Privacy Act of 1974, applicable state laws and University policies.
3. To allow my child to attend field trips and events sponsored and coordinated by the MESA Program. I understand that my child will have adult supervision while on these field trips.
4. To use my child's name, photograph, digital image, and quotes in MESA-related press releases and materials.

I certify that I have read and understand any rules and safety provisions established for this program.

In addition, I agree to assume full responsibility for any risk of injury, death, or property damage arising out of my child's participation in the program and I give permission for my child to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical emergency will be solely my responsibility.

I further release the University from any liability on account of injury to or death of my child arising out of my child's participation in MESA activities and hold the University harmless for any damage or costs that may be incurred due to the acts of my child during participation in this program.

I understand that this consent may be withdrawn at any time by my written directions to the MESA Program Director.

Parent or Legal Guardian's Signature

Date

Parent or Legal Guardian (*Please print*)

Address

City

Zip

Home Phone Number

Emergency Phone Number

Special Instructions:

AUTORIZACION DE PADRES
ANO ACADEMICO 2023-2024

Nombre del Estudiante

Escuela

Yo, _____, padre o tutor del estudiante previamente mencionado(a), por la presente doy permiso para que mi hijo(a) participe en actividades del programa MESA dirigidas por la Universidad de California. Entiendo que el propósito principal del programa es animar a los estudiantes para que se inscriban en cursos preparatorios para estudios universitarios y participen en los servicios de apoyo académico ofrecidos por el programa MESA. También entiendo que tal actividades pueden ser disponibles hasta que el(ella) se inscriba en un colegio o universidad.

Por consiguiente, autorizo a los directores, personal y asistentes del programa MESA en lo siguiente:

1. Tener acceso a, y hacer y recibir copias, del expediente académico de mi hijo(a) hasta que complete la escuela secundaria. Entiendo que éste expediente será guardado en confidencia estricta y será usado para supervisar el progreso académico de mi hijo(a) y determinar si son necesarios servicios adicionales de apoyo académico.
2. Proporcionar información del expediente académico de mi hijo(a) a representantes designados de colegios o universidades para que puedan determinar la elegibilidad de mi hijo(a) para su ingreso a sus instituciones, su necesidad para servicios especiales, y para uso general en la planificación de actividades de reclutamiento y alcance comunitario. Esta información se mantendrá por la Universidad de California en acuerdo con la ley: *Federal Family Education Rights and Privacy Act of 1974*, las leyes estatales aplicables, y pólizas de la Universidad.
3. Permitir que mi hijo(a) asista a excursiones y eventos patrocinados y coordinados por el programa MESA. Entiendo que mi hijo(a) tendrá supervisión adulta en estas excursiones.
4. Usar el nombre, imagen y citas de mi hijo(a) en comunicados de prensa y materiales relacionados con el programa MESA.

Certifico que he leído y entiendo las reglas y provisiones de seguridad establecidas por el programa.

Además, estoy de acuerdo en asumir la responsabilidad total de cualquier riesgo de herida, muerte o daño a propiedad que resulte de la participación de mi hijo(a) en el programa y doy permiso para que mi hijo(a) reciba, si es necesario, servicios médicos de emergencia de parte de personal autorizado, y que cualquier costo que resulte de tal emergencia médica será solamente mi responsabilidad.

Por lo tanto, libero a la Universidad de California de cualquier obligación por causa de herida o muerte de mi hijo(a) que resulte de su participación en actividades del programa MESA y mantengo sin perjuicio a la Universidad de cualquier daño o costo que pueda resultar debido a las acciones de mi hijo(a) durante su participación en el programa.

Entiendo que este consentimiento puede ser retirado en cualquier momento por medio de mis instrucciones escritas al Director del Programa MESA.

Firma del Padre o Tutor

Fecha

Nombre del Padre o Tutor (*Favor de escribir en letra de molde*)

Domicilio

Ciudad

Código Postal

Teléfono de Casa

Teléfono de Emergencia

Instrucciones Especiales: _____

