



College Success Initiative Student Participation Agreement

Welcome to BLU Educational Foundation's College Success Initiative for the 2019-2020 school year. The goal of this initiative is to ensure that you have the information and support you need throughout the college search, application, and acceptance process to enroll in a college/university where you will have optimal success!

As a student in this program, you agree to commit to the following:

- Participate in regular check-ins with a College Success Advisor or other BLU staff member (minimum of 2 times a month)
- Apply to at least 5 colleges
- Take the ACT and/or the SAT
- Complete the FAFSA and/or the DREAM Act
- Pass your classes and graduate on time (Spring 2020)
- Provide BLU with updated transcripts each quarter/semester
- Enroll in a post-secondary institution for fall 2020
- Remain in communication with BLU for at least two years after high school
- Have your parent/guardian agree to participate in at least one college information event this academic year (the event can be hosted by your school)

As the facilitators of the College Success Initiative, BLU Educational Foundation commits to the following:

- Support through monthly opportunities to engage, including 3rd Saturday meeting access
- Regular check-ins two times a month either in person, via email or by phone
- Provide hands on support with the college search, application, acceptance and process
- Monitor academic progress once enrolled in a post-secondary institution for at least six months
- Provide engagement, networking and mentoring opportunities with other students from the Inland Empire who are also attending college

Student Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____

BLU Staff Signature: _____ Date: _____



Authorization to Release Student Records to BLU Educational Foundation

Student Name: _____

Student Date of Birth: _____ Grade: _____

School: _____

I, _____, the parent/guardian of the above named student, give my written consent to the Rialto Unified School District and its employees to release copies of pupil records pertaining to my son/daughter, pursuant to Education Code section 49061 *et. seq.*, to BLU Educational Foundations, its employees and agents. This authorization is conditioned on BLU Educational Foundation not transmitting these student records and information contained therein to others without my separate written consent. This authorization is effective until revoked by me in writing. I understand that the following pupil records are subject to release by the District:

- School
- Last Name
- First Name
- Middle Name
- Student ID#
- Date of Birth
- Sex
- Grade
- Credit Completed
- Credit Attempted
- AGPA
- TGPA
- Ethnic Code
- Description RC1
- Parent/guardian name
- Mailing Address
- City
- Zip code
- Primary Phone
- SAT score
- ACT score

Dated: _____

Signature (Parent): _____

Printed Name (Parent): _____