Harford County Public Schools
SCIENCE AND MATHEMATICS ACADEMY
MENTORSHIP PROGRAM

Parent Agreement

Student Name: _____

The Parent/Guardian agrees:

1) To support the senior capstone project as a learning experience for their child.
2) To give permission for the student to participate fully in the mentorship program.
3) To give permission for the student to leave school campus for the work-based learning placement, if required in the project proposal.
4) That the senior capstone project can only be completed during the allotted time for SRT IV during the senior year.
5) To support the SMA faculty in upholding HCPS rules and project expectations.
6) To arrange for transportation to and from the project work site.
7) To provide automobile insurance which covers the student's vehicle, if the student drives that vehicle to the project work site.
8) To provide medical insurance coverage for the student.
9) To immediately notify the school program specialist if the student's car insurance or driver's license status changes and to cease allowing the student to drive to the project work site, if the student may no longer legally drive.
10) To accept liability and responsibility for the student's travel to and from the project work site.
11) To accept responsibility for any negligent actions on the part of the student, if allowed by law.

_____ _____

Printed Name Relationship to Student

_____ _____

Signature Date

Email Address: _____

Cell Phone: _____ Work Phone: _____

Please return this form via email or in person to your faculty advisor.