



Hello BBF Parent/Guardian,

Thank you for your interest in the Building Better Futures (BBF) Program! As a dedicated after-school program, our goal is to remove obstacles students face during their high school journey and to guide them on a path to post-secondary opportunities and success.

**BBF will offer students the following program activities for the 2021-2022 school year:**

- In-Person 1:1 Tutoring – we offer 1:1 tutoring sessions on Tuesdays and Wednesdays. Students can get high quality instructions on Math, Science, Social Studies, and English.
- Virtual Enrichment seminars – the seminars focus on college and career readiness, self-care, and relationship building. We meet virtually via Zoom on weekly basis.
- Externship opportunities\* – an externship is a temporary job-shadowing program in a local workplace for one week during spring and summer breaks.
- Educational enhancement\*- college visits, field trips, & community service.
- Periodic Parent workshops/Parent E-Newsletter – intended to equip parents with beneficial information to support their students throughout their academic journey.

\*Activities might be altered or substituted due to the public health circumstance.

**Please see attached for the BBF required documents that must be completed by a parent/guardian in order for your child to participate in the program. These forms include:**

- **Parent Information and Permission Form,**
- **Publicity Authorization and Permission Form,**
- **ACPS Parent Consent for Release of Information Form.**

**Students cannot participate in Building Better Futures until all required forms are completed and submitted and the \$20 registration fee has been paid (receipt issued upon payment).**

Please contact Lizzie Liu, Director, Secondary and Adult Education Programs at [lliu@campagnacenter.org](mailto:lliu@campagnacenter.org) or at 703-399-0665 if you have any questions about the materials attached.

Thanks and we look forward to working with you this school year!

## Building Better Futures Parent Permissions Form

I, \_\_\_\_\_ (print parent's name) hereby give permission for my child,  
\_\_\_\_\_ (print student's name) to participate in Building Better Futures (BBF).

**My signature below acknowledges:**

I understand that BBF's registration fee for academic year 2020-2021 is \$20. This modest registration fee is **required** for the year to help pay for outreaching cost, field trips, and minor program needs.

I understand that BBF will determine my child's eligibility for participation based on established guidelines. If I have questions about decisions regarding my child's eligibility, I can contact the BBF Program Director.

I will allow my child to participate in virtual tutoring and/or career exploration and leadership development, college and career readiness enrichment activities, and field trips offered through BBF. For activities and trips, I understand that my child may be walking, taking public transportation, or traveling by other means and will be accompanied by program staff.

I understand that parent meetings and special events will be offered to families of participating students. These opportunities are intended to provide families with information and resources to support my child's academic success. My participation and attendance at parent meetings and special events are highly encouraged.

I give permission for TC Williams school staff to discuss with BBF staff any relevant educational issues concerning my child.

I understand The Campagna Center and volunteers are not licensed Counselors or Social Workers, but are mandated reporters by law and in the event that child abuse or neglect is suspected they must report it to Child Protective Services.

I give permission for The Campagna Center to obtain medical care if an emergency occurs when I cannot be reached immediately.

Further, I hereby assume any and all risk and liability for losses or damages to property and for damages, injuries or death to my child which may arise in connection with travel to or participation in activities, programs, or functions sponsored by BBF, and hold harmless, release, and fully discharge The Campagna Center, Alexandria City Public Schools, their agents, Boards of Directors, officers, volunteers, or employees from any and all liability, claims, causes of action, cost, and expenses which may arise from or are in any way related to my child's participation in Building Better Futures.

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

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

**Building Better Futures**  
**Publicity Authorization and Permission Form**

I, \_\_\_\_\_ (Parent/Guardian Full Name), hereby authorize and give permission for \_\_\_\_\_ (Student Full Name) to be photographed, video recorded, or audio recorded in activities sponsored by The Campagna Center for the use of such photographs and recordings by/with the consent of The Campagna Center for promotional, educational, marketing and fundraising purposes.

I understand that there will be no financial compensation sought or received for photographing or recording my child.

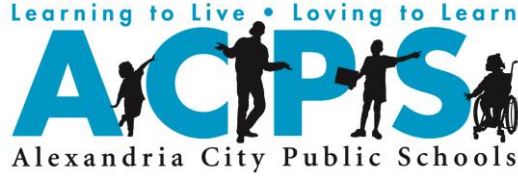
I have read and understand the foregoing statement, and am competent to execute this agreement.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature (if student is 18 or older)

\_\_\_\_\_  
Parent/Guardian Signature  
(If student is under 18)

\_\_\_\_\_  
Date



**PARENT CONSENT FOR RELEASE OF INFORMATION**

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

I authorize the following individual or organization to disclose my child's academic records as described below:

<i>Information to be received by:</i>	<i>Information to be released by:</i>
<p>_____</p> <p>Name of Professional or Agency</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Phone</p> <p>_____</p> <p><i>Lizzie Liu</i></p> <p>_____</p> <p>Signatory Name and Title</p>	<p>Kurt Huffman Office of Community Partnerships &amp; Engagement <u>Alexandria City Public Schools</u> 1340 Braddock Place Alexandria, VA 22314 (703) 619-8152 Kurt.huffman@acps.k12.va.us</p> <p><i>Anthony Kurt Huffman</i></p> <p>_____</p> <p>Signature</p>

I confirm that information and communication may be exchanged between parties for the purpose of developing student goals for improvement in the following areas:

- Academic Progress
- SOL Scores
  - Select Standardized Tests
  - Reading/Math Levels
  - Division Common Assessments (CRTs)
  - Grades
- Other (Please specify) \_\_\_\_\_

I consent to the release of the above information. I understand that use of this information for any reason other than the expressed reason stated above is prohibited and that disclosure of information to other parties is strictly prohibited. This consent is subject to revocation at any time.

My authorization will remain in effect for the entire academic school year 20\_\_-\_\_

I completed this form because I am: (please check one)  Parent  Legal Guardian

\_\_\_\_\_  
(SIGNATURE OF PARENT/LEGAL GUARDIAN)

\_\_\_\_\_  
(DATE)