PARENT ACKNOWLEDGMENT FORM

APPLICANT INFORMATION

Applicant's Name: _____ Current Grade: _____

School: _____ Birthdate (mm/dd/yyyy): _____

Address:_____City: _____ State: _____ Zip: _____

Phone:_____ Cell: _____ Email: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip:_____

Phone: _____ Cell: _____

Parent/Guardian 2 Name: _____ Email: _____

Address:_____ City: _____ State: _____ Zip:_____

Phone:_____ Cell: _____

At least one parent/guardian is aware and acknowledges by signing below that the above named student is applying for this council and that the student submitted an introductory video for consideration.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Please return this form with your video by April 1

Please submit this acknowledgment via the electronic form at surpriseaz.gov/SYC.
For questions, please call 623.222.8336.