



# University of Richmond

## 2017 Math Science Investigators (MSI) Program Parent/Guardian Consent Form

### PARENTAL/GUARDIAN CONTACT INFORMATION

LAST NAME:

FIRST NAME:

HOME ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL  
ADDRESS:

WORK PHONE:

HOME PHONE :

MOBILE PHONE

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### EMERGENCY CONTACT INFORMATION

LAST NAME:

FIRST NAME:

WORK PHONE:

HOME PHONE :

MOBILE PHONE

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### CONSENT

If selected, I authorize permission for my child to participate in the 2017 Math Science Investigators (MSI) program. Therefore, my child can participate in all classroom science projects, experiments, assessments, field trips, photos, and videos taken by MSI staff members, University employees, and local media for participation purposes. Also, I understand that the MSI Program Orientation session is mandatory for both my child and I. Furthermore, I understand that attendance is vital to the success of the five week summer enrichment program. Therefore, if my child is absent two or more days from the program then I am aware that he/she will be dismissed due to attendance.

PARENT/GUARDIAN  
SIGNATURE:

STUDENT SIGNATURE:

Do you wish to be contacted  
about future MSI Program  
opportunities?

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## **SUPPORTING DOCUMENTATION**

In order to complete this application packet, the following items are **required** to be submitted in for review:

- A completed student application form.
  - A copy of the most recent student semester grades
  - A completed Parent/Guardian Authorization form
  - Two Teacher Recommendation forms completed by a Math **and** Science teacher.
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**THE DEADLINE TO SUBMIT IN ALL APPLICATION MATERIALS IS WEDNESDAY, April 7.**

**Applications materials can be received by mail, e-mail, or fax.**

**Mail**

University of Richmond  
Math Science Investigators (MSI) Program  
Attn: Dr. David Kitchen, Associate Dean  
School of Professional and Continuing Studies  
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Richmond, VA 23173

**Email**

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**Fax**

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