

**Student Service Learning (SSL) Program Student Information & Permission Form**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Native Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s English Level\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Guardian’s Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Guardian’s Email\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the student request SSL hours?\_\_\_\_\_\_\_\_

Does the student have special learning/medical needs that affect their participation in the program?

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**About the Washington Center for International Education**

The Washington Center for International Education (WCIE) is a non-profit organization that supports the social, emotional, and cultural transitions of international students and families, as they make the transition to life in the U.S. WCIE program are designed especially for students and families with an international background but are open to all students. This reflects our goal that our programs bring together the international and the local communities.

For more information about WCIE and our SSL programs, see our [listing on the Montgomery County Volunteer Center website](https://montgomerycountymd.galaxydigital.com/agency/detail/?agency_id=92808).

**Permission to Participate: General**

I permit my student to participate in the Youth Facing Racism Program sponsored by WCIE. WCIE, its staff, and its volunteers will not be responsible for any personal property lost by my student or any injury sustained during their participation in the program. If my student is injured, and I cannot be reached by phone or email, I permit WCIE to transport my student to a hospital or urgent care clinic, to seek emergency medical treatment. I also consent to WCIE’s use of any photographs taken during the program.

**Permission to Participate: Online**

**I permit my student to participate in the online component of the Youth Facing Racism Program. This permission includes:**

* My student may participate in program activities on Zoom as a component of the student’s preparation for serving/volunteering.
* Students must use personal/private accounts (not MCPS or other student accounts) to engage on Zoom.
* Students will only engage with others on Zoom under the direct supervision of a WCIE program coordinator. The WCIE program coordinator will be directly present in Zoom (including any breakout sessions) at all times.
* The WCIE program coordinator will initiate and host all virtual sessions. If the WCIE program coordinator is not available to initiate and host the virtual session, the session will not occur.
* Virtual sessions will not be recorded.
* Students should not share or upload any videos, pictures, or images of themselves, unless WCIE has obtained a signed form/waiver from the student’s parent/guardian authorizing permission/release. WCIE does not currently have plans to seek such permission but will request permission from students if necessary.
* Students’ email addresses/home addresses or any personally identifying information will remain protected and not shared.

**I permit my student to participate in the field trip service project component of the Youth Facing Racism Program. This permission includes (check one):**

* \_\_\_\_\_ My student has permission to travel to Quicksburg, Virginia, to a 2/3-day program at Corhaven Graveyard, on Saturday, October 17. (Rain date: Saturday, November 14 – and an alternate service date may be available on Saturday, October 31). I will arrange for transportation for my student.
* \_\_\_\_\_ My student has permission to travel to Quicksburg, Virginia, to a 2/3-day program at Corhaven Graveyard, on Saturday, October 17. (Rain date: Saturday, November 14 – and an alternate service date may be available on Saturday, October 31). I cannot arrange for transportation for my student (note: WCIE cannot guarantee transportation for students. Your ability to provide transportation may affect the ability of the student to participate in the program.)
* *Note: all students must follow COVID-19 public health protocols during the field trip service project.*

Print Parent/Guardian Name (if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian (or student if over 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed and signed form to communityservice@washingtoncie.org