



PrepNext Alumni Support Program Participation Agreement

PrepNext is a support program offered to all graduates of DC Prep Middle Schools. Our mission is to provide holistic support to DC Prep graduates as they pursue success through high school and higher education. This Agreement grants PrepNext counselors the privilege of partnering with the student, their family, and their high school with the goal of helping the student thrive academically, socially, emotionally, and holistically throughout and beyond high school. This agreement serves as the parent/guardian's commitment to join PrepNext and access programming provided by the PrepNext team.

Student Name		Date:	
Parent/Guardian Name		Cell phone:	
Parent/Guardian Signature		Home phone:	
Emergency Contact Name		Emergency contact phone:	

Please initial next to each statement below:

PrepNext Participation

_____ I agree to my child participating in PrepNext and accessing any and all programming provided by the team.

School Records and On Campus + Virtual Meeting Release

_____ I grant PrepNext permission to access my child's school records, including report cards, Individualized Education Plans, 504 Plans, and related documents in support of my student's success in high school.

_____ I grant PrepNext permission to meet with my child on my child's high school campus (whenever that is safe for the school, student, and family) and virtually via video calls.

_____ I grant PrepNext permission to communicate in person and virtually with high school teachers and staff.

Media Release

_____ I give DC Prep and PrepNext permission to record or capture the likeness, sound, and statements of my child in photos, video, or other visual media and to use these recordings in internal and external publications and presentations.

Permission Slip: Parental Authorization and Acknowledgement of Risks

_____ I understand that participation in PrepNext programs and events, whether on or off campus, is voluntary, that it is not required, and that it exposes my child to some risk(s). I understand that my child would be at further risk if he or she violated rules, such as leaving the group without permission. My permission is granted to the supervisory adult to take all necessary actions should an emergency arise. In case of an accident or incident requiring medical attention, the supervisory adult will attempt to contact parents and/or emergency contacts immediately via the numbers listed below. I give the supervisory adult permission to arrange for medical attention, and I accept financial responsibility for that attention should the supervisor be unable to reach me. I also agree that the Board of Directors of DC Preparatory Academy, its agents and employees, and/or the driver and/or owner of any vehicle used for the event shall be exempt from liability for damages for bodily injury or property damage that might occur during the events, except to the extent provided by law.

_____ I understand this release never expires and may be cancelled in writing at any time.