 [](http://www.google.com/url?sa=i&rct=j&q=texas+workforce&source=images&cd=&cad=rja&docid=4KEd1u5frQe_LM&tbnid=1P_aEB5z5-72cM:&ved=0CAUQjRw&url=http://www.timesrecordnews.com/photos/2013/may/11/82681/&ei=TB6mUcaoJoaA9gTykYGABA&bvm=bv.47008514,d.dmQ&psig=AFQjCNF0hyz13EhPSy8FnGNCocBK7E5CWw&ust=1369927592109867)

**Dr. Jesus H. Chavez Ricardo Rivera**

**Interim Superintendent Director**

BISD Adult Continuing Education Consortium for Cameron County

**Minor Packet**

**Parental Consent Form**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that I give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to enroll in**

**General Educational Developmental classes at Brownsville ISD Adult Continuing Education**

**Department.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

**MINOR - Parental Consent Form**

 [](http://www.google.com/url?sa=i&rct=j&q=texas+workforce&source=images&cd=&cad=rja&docid=4KEd1u5frQe_LM&tbnid=1P_aEB5z5-72cM:&ved=0CAUQjRw&url=http://www.timesrecordnews.com/photos/2013/may/11/82681/&ei=TB6mUcaoJoaA9gTykYGABA&bvm=bv.47008514,d.dmQ&psig=AFQjCNF0hyz13EhPSy8FnGNCocBK7E5CWw&ust=1369927592109867)

**Dr. Jesus H. Chavez Ricardo Rivera**

**Interim Superintendent Director**

BISD Adult Continuing Education Consortium for Cameron County

**STUDENT RELEASE FORM**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individuals Authorized to pick-up Student

List and include names of parents/guardian and individuals who are authorized to pick-up the student. Brownsville ISD reserves the rights to require a picture identification.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **Telephone numbers Home/cell work** | | **Relationship** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian

7.

**AUTORIZACION PARA RECOGER A UN ESTUDIANTE**

6.

Apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Segundo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Edad: \_\_\_\_ Sexo: \_\_\_\_\_ Lugar de Nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Numero de teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numero de teléfono de emergencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individuo Autorizado Para Recoger a un Estudiante

Anote por favor nombres de padres/guardians e individuos autorizados para recoger el estudiante. El Distrito Escolar Independiente de Brownsville se reserve el derecho de pedir una foto de identificación.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NOMBRE** | **Teléfono(s) cellular / trabajo** | | **Parentesco** | **Firma** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Padre / Guardian

7.

**MINOR - Student Release Form**