

**APPLICATION/ENROLLMENT FORM (EF) AY 2021-2022**



**PLEASE COMPLETE ALL ITEMS AND PRINT CLEARLY – Required Fields are in BOLD**

School this year: \_\_\_\_\_ Are you a returning MESA student?  Yes  No

CA SSID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Gender:  Female  Male  Trans Female/Trans Woman  Trans Male/Trans Man  
 Genderqueer/Gender Non-Conforming  Different Identity  Unavailable/Decline to State

Grade Level: \_\_\_\_\_

Ethnicity (please write the corresponding number(s) into the space provided): \_\_\_\_\_

<b>01</b> African American / Black	<b>09</b> Pacific Islander (includes Micronesian, Polynesian, other Pacific Islanders)
<b>02</b> American-Indian/Alaskan Native	<b>10</b> Vietnamese/Vietnamese-American
<b>03</b> Chinese/Chinese-American	<b>11</b> White/Southwest Asian and North African
<b>04</b> East Indian/Pakistani	<b>12</b> Other Asian (Not including Middle Eastern)
<b>05</b> Filipino/Filipino-American	<b>13</b> Other Spanish-American/Latinx (includes Cuban, Puerto Rican, Central and South American)
<b>06</b> Japanese/Japanese-American	<b>14</b> More Than One
<b>07</b> Korean/Korean-American	<b>15</b> Other (not listed above)
<b>08</b> Mexican/Mexican-American/Chicanx	<b>16</b> Decline to State/Don't Know

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is a language other than English spoken regularly in your home?  1. No  2. Yes

If yes, specify \_\_\_\_\_

Summer Programs Participated in Past Summer (please check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> 1. MESA Summer Program              | <input type="checkbox"/> 3. Summer Job                          |
| <input type="checkbox"/> 2. Summer Advancement Academy (SAA) | <input type="checkbox"/> 4. Other Program, please specify _____ |

Other Academic Programs Participated (please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Puente                     | <input type="checkbox"/> 4. Upward Bound |
| <input type="checkbox"/> 2. UC Early Academic Outreach | <input type="checkbox"/> 5. AVID         |
| <input type="checkbox"/> 3. CSU Early Outreach         | <input type="checkbox"/> 6. COSMOS       |

Primary Career Interest (please check one):

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Engineering      | <input type="checkbox"/> 6. Other Math-Based Careers |
| <input type="checkbox"/> 2. Computer Science | <input type="checkbox"/> 7. Health Profession        |
| <input type="checkbox"/> 3. Physical Science | <input type="checkbox"/> 8. Non-Math Based Career    |
| <input type="checkbox"/> 5. Business         | <input type="checkbox"/> 9. Don't Know               |

1. Parent/Guardian Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Highest level of education achieved by each of your parents or guardians?  
(please write the corresponding number on the applicable line):

Parent 1

Parent 2

- 1. Did Not Graduate from High School
- 2. High School Graduate
- 3. Some College or University
- 4. Community college degree
- 5. 4-year college degree
- 6. Beyond 4-year college degree
- 7. M.S./M.A./M.B.A./Ph.D degree
- 8. Don't know

What type of work have your parents or guardians typically done over the past years or prior to retiring? (please write the corresponding number into the boxes):

Parent 1

Parent 2

- 1. Engineer
- 2. Computer Scientist
- 3. Other Professional
- 4. Manager/Supervisor
- 5. Sales/Clerical
- 6. Skilled technician, trade
- 7. Factory worker
- 8. Farm worker
- 9. General worker
- 10. Never employed
- 11. Don't know

I give my permission for MESA to obtain information about my academic performance from schools, colleges, and testing agencies, to give my name and address to college and employer representatives, and to use my name, photograph and quotes in MESA-related press releases and materials.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MSP 21-22

List your Fall courses below:

Student Name \_\_\_\_\_ School \_\_\_\_\_

Period/Course Title	Teacher	Room
0. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

Home Room:

\_\_\_\_\_

**For MESA Center use only:**

**Is the student an ELL student:    Yes        No**

**EDI criteria met:**

EC1 [ ] EC2 [ ] EC3 [ ]

PP1 [ ] PP2 [ ] PP3 [ ] PP4 [ ]

ED1 [ ] ED2 [ ] ED3 [ ] ED4 [ ]

FH1 [ ] FH2 [ ] FH3 [ ] FH4 [ ] FH5 [ ] FH6 [ ]

PI [ ]

OI1 [ ] OI2 [ ] OI3 [ ] OI4 [ ]

**Termination reason:**

[ ] graduated or will graduate in Spring

[ ] transferred to a non-MESA school

[ ] dropped because of lack of interest

[ ] dropped because no college-track math

[ ] dropped for low grades

[ ] dropped for other reason\_\_\_\_\_

PARENT AUTHORIZATION  
ACADEMIC YEAR 2021-2022

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

\_\_\_\_\_  
School

I, \_\_\_\_\_ parent or legal guardian of the above-mentioned student, hereby gives permission for my child to participate in MESA activities conducted by the University of California. I understand that the primary objective of the program is to encourage students to enroll in college preparatory courses and participate in MESA academic support services. I also understand that such activities may be available until he/she enrolls at a college or university.

I hereby authorize MESA Program directors, staff and their assistants to engage in the following:

1. To have access to, and to make and receive copies of, my child's academic school records through the completion of the 12<sup>th</sup> grade. I understand that these records will be kept in strict confidence and will be used to: a) monitor my child's academic progress; and b) determine when additional academic support services are needed.
2. To disclose information from my child's academic records to designated representatives of colleges and universities so they may determine my child's eligibility for admission at their institutions, his/her need for special services, and for general use in planning outreach and recruitment activities. These records will be maintained by the University of California consistent with the Federal Family Education Rights and Privacy Act of 1974, applicable state laws and University policies.
3. To allow my child to attend field trips and events sponsored and coordinated by the MESA Program. I understand that my child will have adult supervision while on these field trips.
4. To use my child's name, photograph, digital image, and quotes in MESA-related press releases and materials.

I certify that I have read and understand any rules and safety provisions established for this program.

In addition, I agree to assume full responsibility for any risk of injury, death, or property damage arising out of my child's participation in the program and I give permission for my child to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical emergency will be solely my responsibility.

I further release the University from any liability on account of injury to or death of my child arising out of my child's participation in MESA activities and hold the University harmless for any damage or costs that may be incurred due to the acts of my child during participation in this program.

I understand that this consent may be withdrawn at any time by my written directions to the MESA Program Director.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian (*Please print*)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Emergency Phone Number

Special Instructions:

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

AUTORIZACION DE PADRES  
ANO ACADEMICO 2021-2022

\_\_\_\_\_  
**Nombre del Estudiante**

\_\_\_\_\_  
**Escuela**

Yo, \_\_\_\_\_, padre o tutor del estudiante previamente mencionado(a), por la presente doy permiso para que mi hijo(a) participe en actividades del programa MESA dirigidas por la Universidad de California. Entiendo que el propósito principal del programa es animar a los estudiantes para que se inscriban en cursos preparatorios para estudios universitarios y participen en los servicios de apoyo académico ofrecidos por el programa MESA. También entiendo que tal actividades pueden ser disponibles hasta que el(ella) se inscriba en un colegio o universidad.

Por consiguiente, autorizo a los directores, personal y asistentes del programa MESA en lo siguiente:

1. Tener acceso a, y hacer y recibir copias, del expediente académico de mi hijo(a) hasta que complete la escuela secundaria. Entiendo que éste expediente será guardado en confidencia estricta y será usado para supervisar el progreso académico de mi hijo(a) y determinar si son necesarios servicios adicionales de apoyo académico.
2. Proporcionar información del expediente académico de mi hijo(a) a representantes designados de colegios o universidades para que puedan determinar la elegibilidad de mi hijo(a) para su ingreso a sus instituciones, su necesidad para servicios especiales, y para uso general en la planificación de actividades de reclutamiento y alcance comunitario. Esta información se mantendrá por la Universidad de California en acuerdo con la ley: *Federal Family Education Rights and Privacy Act of 1974*, las leyes estatales aplicables, y pólizas de la Universidad.
3. Permitir que mi hijo(a) asista a excursiones y eventos patrocinados y coordinados por el programa MESA. Entiendo que mi hijo(a) tendrá supervisión adulta en estas excursiones.
4. Usar el nombre, imagen y citas de mi hijo(a) en comunicados de prensa y materiales relacionados con el programa MESA.

Certifico que he leído y entiendo las reglas y provisiones de seguridad establecidas por el programa.

Además, estoy de acuerdo en asumir la responsabilidad total de cualquier riesgo de herida, muerte o daño a propiedad que resulte de la participación de mi hijo(a) en el programa y doy permiso para que mi hijo(a) reciba, si es necesario, servicios médicos de emergencia de parte de personal autorizado, y que cualquier costo que resulte de tal emergencia médica será solamente mi responsabilidad.

Por lo tanto, libero a la Universidad de California de cualquier obligación por causa de herida o muerte de mi hijo(a) que resulte de su participación en actividades del programa MESA y mantengo sin perjuicio a la Universidad de cualquier daño o costo que pueda resultar debido a las acciones de mi hijo(a) durante su participación en el programa.

Entiendo que este consentimiento puede ser retirado en cualquier momento por medio de mis instrucciones escritas al Director del Programa MESA.

\_\_\_\_\_  
Firma del Padre o Tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del Padre o Tutor (*Favor de escribir en letra de molde*)

\_\_\_\_\_  
Domicilio

\_\_\_\_\_  
Ciudad

\_\_\_\_\_  
Código Postal

\_\_\_\_\_  
Teléfono de Casa

\_\_\_\_\_  
Teléfono de Emergencia

Instrucciones Especiales: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_