



SURPRISE
ARIZONA

SURPRISE YOUTH JUSTICE PROJECT

Parent Acknowledgment Form

APPLICANT INFORMATION

Applicant's name: _____ Birthdate: _____ Age: _____

School: _____ Current grade: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Cell phone: _____ Home: _____ Email: _____

Text okay? YES or NO (please circle one)

PARENT/GUARDIAN INFORMATION

(1) Parent/Guardian name: _____

Address (if same, write "same"): _____

City: _____ State: _____ ZIP Code: _____

Cell phone: _____ Home: _____ Email: _____

Text okay? YES or NO (please circle one)

(2) Parent/Guardian name: _____

Address (if same, write "same"): _____

City: _____ State: _____ ZIP Code: _____

Cell phone: _____ Home: _____ Email: _____

Text okay? YES or NO (please circle one)

At least one parent/guardian is aware and acknowledges by signing below that the above named student is applying for the Surprise Youth Justice Project and that the student submitted an introductory video for consideration.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Scan completed form and email with your video to cityofsurpriseyouth@gmail.com

