



Sacramento State/ U.C. Davis MESA Center
 California State University, Sacramento
 Santa Clara Hall 1204
 6000 J Street
 Sacramento, CA 95819-6023

PLEASE COMPLETE ALL ITEMS AND **PRINT CLEARLY** (FRONT AND BACK)

SCHOOL: _____ MESA ADVISOR/TEACHER: _____ NEW RETURNING
 SOCIAL SECURITY NUMBER: _____ - _____ - _____ this year from last year

LAST NAME: _____ FIRST NAME: _____ M.I. _____

BIRTHDATE: ___/___/___ STUDENT ID # AT SCHOOL DISTRICT: _____ SCHOOL DISTRICT: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CELLULAR PHONE: (____) _____ - _____

PARENT/ GUARDIAN: _____ HOME PHONE: (____) _____ - _____

PARENT/ GUARDIAN: _____ EMAIL: _____

PARENT ADDRESS: _____ EMERGENCY PHONE: (____) _____ - _____

ETHNICITY (please check one): American Indian, /Tribal Affiliation _____ African American Filipino
 Mexican American/Chicano Other Latino, (Specify): _____ Other, (Specify): _____

IS A LANGUAGE OTHER THAN ENGLISH REGULARLY SPOKEN IN YOUR HOME? No Yes, Specify: _____

GENDER: MALE FEMALE GRADE LEVEL: _____

- Programs Participation:
 (please check all that apply)
- Elementary MESA Day Date: _____
 - Other Summer School Program (Summer 2009)
 - Special Summer Activity (Summer 2009)
 - Summer Job (Summer 2009)
 - MESA Field Trip Participation

Field Trip: _____ Date: _____
 Field Trip: _____ Date: _____
 Field Trip: _____ Date: _____
 Field Trip: _____ Date: _____
 Field Trip: _____ Date: _____

- Primary Career Interest (please check one):
- Engineer Dentist
 - Computer Scientist Nurse
 - Teacher Architect
 - Scientist Mathematician
 - Doctor Other: _____

- Highest level of education achieved by each of your parents or guardians? (Please write the corresponding number into the boxes):
- Father Mother
 - 1. No school/elementary school 6. Community college degree
 - 2. Eighth grade or less 7. 4-year college degree
 - 3. Some high school 8. Beyond 4-year college degree
 - 4. High School Graduate 9. M.S./M.A./M.B.A./Ph. D degree
 - 5. Some college or University 0. Don't Know

- What type of work have your parents or guardians typically done over the past years or prior to retiring?
- Father Mother
 - 1. Engineer 5. Sales/Clerical 9. General Worker
 - 2. Computer Scientist 6. Skilled technician, trade A. Never Employed
 - 3. Other Professional 7. Factory worker B. Don't Know
 - 4. Manager/Supervisor 8. Farm Worker

Current Math Level: _____
 Science Class: _____
 Is a science curriculum offered at your grade level? Yes No

<p>MESA ADVISOR MUST COMPLETE:</p> <p>EC: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 PP: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 ED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 FH: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 PI: <input type="checkbox"/> 1 OI: _____</p> <p>MESA Advisor preparing the form: _____ Date: _____</p>	<p>Termination Reason:</p> <p><input type="checkbox"/> graduated or will graduate in Spring <input type="checkbox"/> transferred to a non-MESA school <input type="checkbox"/> dropped because of lack of interest <input type="checkbox"/> dropped for low grades <input type="checkbox"/> dropped because no college-track math <input type="checkbox"/> dropped for other reason</p>
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Elementary Level Academic Resume

List of Activities:	Award(s):	Office Held:	Date(s):
Leadership:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
Honors/Recognition:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
Certificates of Achievement:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
Participation in MESA Programs:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

A-G College Preparatory Minimum Requirements for UC and CSU

- | | | |
|-------------------------------------|------------------------------------|--|
| a. History/Social Science (2 years) | d. Laboratory Science (2 years) | g. College Preparatory Elective (1 year) |
| b. English (4 years) | e. Foreign Language (2 years) | |
| c. Mathematics (3 years) | f. Visual/Performing Arts (1 year) | |

I, _____, Parent of legal guardians of the above-mentioned student, hereby give permission for my child to participate in MESA activities conducted by the University of California. I understand the primary objective of the program is to encourage students to enroll in college preparatory courses and to participate in MESA academic support services, and to become eligible. 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:

- To have access to, and to make and receive copies of, my child's academic school records through the completion of the 12th grade. I understand that these records will be kept in strict confidence and will be used to: 1) monitor my child's academic progress; and 2) determine when additional academic support services are needed.
- To disclose information from my child's academic records to designated representatives of their college 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.
- 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 trips.
- To use my child's name, photograph and quotes in MESA press releases and publications.

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 cost that may be incurred due to 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.

Parental or Legal Guardian Signature

Date

Parent or Legal Guardian (Please Print)

Student Signature

Date