



## Parent/Guardian Consent Form

I, \_\_\_\_\_ (Parent/Guardian's Name), give permission to the Children's Defense Fund ("CDF") and its designees to collect and record data on my child(ren), \_\_\_\_\_ (Child's or Children's Names). This data gathering may include, but is not restricted to, the following:

- Surveys and/or interviews about his/her/their knowledge, attitudes, skills and behaviors in regard to his/her/their academic development such as motivation to read; nonacademic development such as leadership and conflict resolution skills; and overall satisfaction with the *CDF Freedom Schools* program.
- Academic assessments and school data from report cards. These will be collected minimally twice: either shortly before the program begins, during the program, or shortly after the program ends.

I understand that the purposes of these surveys and interviews are to document the impact of the *CDF Freedom Schools* program on its participants and to identify areas for improvement. I also understand that this information will remain private, and that only my child(ren)'s site director(s) and research assistants approved by the Children's Defense Fund will be able to look at his/her responses.

I also understand that my child(ren)'s responses will be automatically grouped together with the responses of other *CDF Freedom Schools* sites for any public presentations of findings, and that my child(ren) will not be individually linked to his/her/their responses. In addition, I understand I can take back my permission at any time.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Children's Defense Fund Media Release Form

I hereby authorize and irrevocably grant to the Children's Defense Fund and its affiliates, licensees, agents and assigns the unrestricted right to use and publish any part of the information that I have given to CDF and the right to record my child(ren)'s name, voice, appearance, likeness and comments on film, videotape, audiotape, still photographs, print and any other media now known or hereafter invented. I acknowledge that CDF shall own all right, title and interest in and to this media. I further agree that CDF may cause all or parts of this media to be used for any and all publications, exhibitions, public displays, editorials, advertising or other purposes.

I waive any inspection or approval of the media or any advertising or publicity in which my child(ren)'s name, voice, appearance, likeness, narrative, or comments might appear. I expressly release and agree to hold harmless CDF and its agents, employees, licensees and assigns from and against any and all claims including, but not limited to, invasion of privacy that I might ever have in any way relating to my interview or its use.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Closing Statement

I hereby certify that the statements in this application are correct and true. I understand that my child(ren)'s enrollment as a *CDF Freedom Schools* student is based, in part, on the information provided within this application and my agreeing to the terms as outlined in writing by the Children's Defense Fund. I authorize the local program sponsor to furnish a copy of this form to the Children's Defense Fund for use in any demographic/longitudinal evaluations that may be developed to strengthen the *CDF Freedom Schools* program nationally.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_