BAU Bay Atlantic University

Parent/Guardian Information Form

Purpose of This Form

This form must be completed by the parent or legal guardian of any student under the age of 18 participating in Bay Atlantic University – Mentora College Summer Youth ESL + STEM Program. The information below ensures student safety, emergency preparedness, and proper communication with guardians and university staff.

SECTION 1

STUDENT INFORMATION:
To be completed by the parent or legal guardian:

Application Number	APP-00_____	**Passport Number**		**Student Age**	
Name of Student			**Email Address**		
	First Name	**Last Name**			
Mailing Address		**Phone Number**		**Start Date**	

MEDICAL & HEALTH INFORMATION

Does the student have any allergies? ☐ Yes ☐ No. If yes, please list below:

_____
_____
_____

Does the student take any medication regularly? ☐ Yes ☐ No. If yes, please list below:

_____
_____
_____

HEALTH INSURANCE INFORMATION
All participants must have valid international health insurance covering medical emergencies, accidents, and hospitalization during their stay in the United States.

Insurance Provider	
Policy Number	

PROGRAM PARTICIPATION
Please check if you are interested in participating in our optional field trip to New York:
☐ Yes, I'm interested ☐ No, maybe next time

Additional relevant information about the student:

_____
_____
_____

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SECTION 2

PARENT OR LEGAL GUARDIAN INFORMATION:

If a student is NOT of legal age (18 years old) only the parents, the sponsor, a legal guardian or an adult in charge of submitting this Application can sign this Agreement.

In that event, that party agrees to be responsible for fulfilling all terms and conditions of this Agreement.

Full Name	
Relationship to Student	

Contact Information in case of emergency:

Mailing Address (include city and country)			
Phone Number		**Email Address**	

PARENT / GUARDIAN CONSENT

☐ I authorize Bay Atlantic University to share my child's educational and health information with designated BAU officials for program administration and safety purposes.
☐ I understand my child must comply with all program rules, and that failure to do so may result in dismissal from the program.
☐ I grant permission for my child to receive first aid and emergency medical care if necessary.

Bay Atlantic University complies with the Family Educational Rights and Privacy Act (FERPA) to ensure the confidentiality of all student records. All information collected on this form will be used solely for the administration of university programs and student safety.

Parent or Legal Guardian Signature		**Date**	/ /