THE OKLAHOMA SCHOOL of SCIENCE and MATHEMATICS

Virtual Center

Parent/Guardian Consent

To be completed by student and parents/legal guardians and emailed to jessica.decker@ossm.edu.

The information contained herein is true and accurate. If the applicant is accepted for admission to the Oklahoma School of Science and Mathematics (OSSM) Virtual Center, we agree to adhere to the rules and regulations of OSSM. We also agree to permit the information in this application and in other records used to apply to OSSM to be made available on a confidential basis to the student's home school, other educational institutions, and for other purposes pursuant to the Family Educational Rights and Privacy Act of 1974, as amended, and applicable regulations.

RELEASE OF CONFIDENTIAL INFORMATION

We, the parents of the applicant, hereby consent to the release of our student's application to the OSSM Virtual Center. We understand that the review committee is designed to ensure fair representation for students from across the state of Oklahoma and our student's success.

By our signatures below, we indicate that we have read this release, understand it, and agree to the terms contained in it.

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational Rights and Privacy Act of 1974, the undersigned hereby consent to the release of all education records, including recommendations and such other information as may be requested to the OSSM Virtual Center for the student listed below.

PARENT RELEASE/APPROVAL

I do hereby grant permission for my child to be examined and treated by qualified medical personnel in an emergency.

Applicant Name:	
Signature:	Date:
Parent/Guardian 1 Name:	
Signature:	Date:
Parent/Guardian 2 Name:	
Signature:	Date:

All custodial parents or guardians are required to sign this release. Please submit any relevant legal documentation along with this form.