THE LAW & PUBLIC SAFETY
EDUCATION NETWORK
NATIONAL ACADEMIES

NATIONAL STUDENT ACADEMIES

Parent/Guardian Application Consent and Acknowledgment

Dear Parent/Guardian,

Thank you for supporting your student's interest in attending a National Student Academy.

The National Student Academies provide motivated high school students from across the country with opportunities to explore careers, develop professional skills, and learn directly from experienced professionals. Students selected to participate will take part in a challenging and rewarding educational experience designed to encourage academic growth, leadership, and career readiness.

The academies are operated by **Southern Educational Resources (SER)** in collaboration with the **Law and Public Safety Education Network (LAPSEN)** and other educational and professional partners.

Before your student submits an application, please review and acknowledge the following.

Parent/Guardian Acknowledgments

By signing below, I confirm that:

1. **Permission to Apply:** I am the student's parent or legal guardian and give permission for my student to apply for selection to a National Student Academy.
2. **Understanding of Selection:** I understand that submitting an application does not guarantee acceptance into the academy.
3. **Financial Responsibility:** I understand that, if my student is accepted and we choose to enroll, I will be responsible for the applicable academy fees and payment obligations as established in the Enrollment Agreement.
4. **Refund and Cancellation Policies:** I understand that withdrawal, cancellation, and refund provisions will be governed by the official Enrollment Agreement, which I will have the opportunity to review before completing enrollment.

5. **Student Expectations:** I understand that students selected to attend will be expected to complete required pre-academy assignments, participate in scheduled educational activities, and comply with the Student Code of Conduct.
6. **Enrollment Requirements:** I understand that acceptance may require completing additional enrollment documents, including medical information, emergency contact information, parental authorizations, and other required forms.
7. **Parent Communication:** I agree to provide accurate contact information and respond to reasonable communications from SER concerning my student's application and potential enrollment.

Student Information

Student's Full Name: _____

Academy Applying For: _____

Parent/Guardian Information

Parent/Guardian Full Name: _____

Relationship to Student: _____

Email Address: _____

Phone Number: _____

Parent/Guardian Authorization

I have reviewed the information above and authorize my student to submit an application for consideration.

Parent/Guardian Signature: _____

Date: _____