



Presidential and Congressional Academies  
for American History and Civics  
CENTER FOR CIVIC EDUCATION

**Parental Consent**

I would like to confirm my consent for \_\_\_\_\_  
(Student Name)

currently attending \_\_\_\_\_  
(School Name)

to apply to the 2019/20 Congressional Academy program. I fully understand that his/her commitment to this Academy, if accepted, will include a two-week institute from July 7–20, 2019, in Maryland and follow-up activities as discussed on the American History & Civics Academies webpage at [www.civiced.org/academies](http://www.civiced.org/academies).

Sincerely,

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please submit this form to [congressionalacademy@civiced.org](mailto:congressionalacademy@civiced.org) by March 1, 2019.