$\begin{array}{c} \textbf{Judge Herman Marable's Student of the Month/Year Award} \\ \textbf{Parental Consent Form} \end{array}$

Please Print and Complete this Form	and Attach to Application
I,	, am the parent or guardian of who was born on, and who is an applicant for the THE MONTH AWARD.
visit the 67th District Court for a tour for	a STUDENT OF THE MONTH , that he/she will be invited to 1/2 to 1 day and will "shadow" Judge Marable as he performs his lar business hours of 8:30 am thru 5:00 PM, Monday thru Friday.
and/or his Citizens Advisory Committee awardees to local newspaper, radio, and to	ed as a STUDENT OF THE MONTH that Judge Marable will provide a photograph and biographical information about the elevision outlets for publication or broadcast by way of a press e posted on the www.judgemarable.net website.
	child to visit the 67th District Court as well as for his/her name and to be released to the news media and the www.judgemarable.net
waiver, and release on his/her behalf. I state hereby agree to indemnify and I agree to the City of Flint and its employees, members their assignees, for any loss, liability, damage that members are the company of th	icipate in the above activities and I hereby execute this agreement, atte that my child is physically able to participate in said activities. I hold harmless Judge Herman Marable, Jr., the 67th District Court, pers of Judge Marable's Citizens Advisory Committee, and any of age, costs, or expense which they may incur as a result of the y minor child may sustain while participating in said activities NT OF THE MONTH program, or a visit to the 67th District
	at mature enough to attend this event without your presence and/or ioral, and/or disciplinary issues at school in the past) please do not
* I have read and agree to sign this cons	ent form.
By:	(Printed name of parent or guardian)
SIGNATURE:	DATE:
COMPLETE ADDRESS:	City: Zip:
PHONE NUMBERS: Day #EMAIL:	Night #

WITNESSED BY: _____

Judge Herman Marable's Student of the Month/Year Award

Application

ZIP CODE:
ZIP CODE:
GRADE:
G.P.A.:
ONE #:

ATTACH TO THIS APPLICATION:

- 1. A 500 WORD ESSAY ON "MY CAREER PATH"
- 2. A LETTER OF GOOD STANDING FROM A FACULTY MEMBER OR SCHOOL OFFICIAL.
- 3. CONSENT FORM SIGNED BY PARENT/GUARDIAN FOR PUBLICATION OF AWARDEES NAME IN PRESS RELEASE TO WEBSITE, MEDIA and COURT VISIT.

RETURN ESSAY, APPLICATION and CONSENT FORM TO:

Judge Herman Marable, Jr.

67th District Court - Courtroom 1 McCree Courts and Human Services Building 630 South Saginaw Street Flint, Michigan 48502 PHONE: (810) 597-7795