

Eligibility Requirements and Parental Permission

(to be completed by parent or guardian)

My child, _____, is enrolled in
(child's name)

grade 9 – 12 and is deaf or hard-of-hearing and has bilateral hearing loss. He / she / they has my permission to participate in the RIT Next Big Idea for Deaf and Hard-of-Hearing Students.

I understand that participation in NTID Outreach Programs for deaf and hard of hearing students does not guarantee eligibility for admissions to RIT/NTID.

Parent's or guardian's signature: _____

Date: _____