Eligibility Requirements and Parental Permission
(To be completed by parent or guardian)

My child, ________________________________, is enrolled in grade 7 – 9
child's name
and is deaf or hard-of-hearing and has bilateral hearing loss. He/she has
my permission to participate in RIT’s Health Care Careers Exploration
Camp 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 admission to RIT/NTID.

Parent’s or guardian’s signature: ________________________________
Date: ________________________________