



Professional Opportunities Program for Students, Inc.

925 W. Central Blvd. ORLANDO, FLORIDA 32805
Office: 407-843-1202 Fax: 407 843-1206 www.popsinc.org

P.O.P.S. Parent Consent Form

Student's Name _____
Last First Middle (Complete)

Parent's Name _____
Last First Middle (Complete)

Parent Email Address _____ Gender: M F

Home Address _____
Number and Street Apartment #

City: _____ State: _____ Zip: _____

**I understand that my child's involvement in the P.O.P.S. program may require a background check and drug testing and give my permission for the P.O.P.S. program to obtain this information. I also understand that my child may be photographed or videotaped for P.O.P.S. related events and give my permission to use these images or likeness for P.O.P.S collateral and or media distribution.

Student Signature Date

Parent Signature (If under 18) Date

All applications must be returned to POPS office at 925 W. Central Blvd., Suite B during normal business hours.

Orange County POPS, Inc.
925 W. Central Blvd.
Orlando, Florida 32805

Incomplete applications will not be accepted.