

New Mexico Every Student Succeeds Act, ESSA Stakeholder Engagement Focus Group Participation Agreement Form

I, _____, grant LEARNING ALLIANCE permission to use my input to inform a statewide vision of public education. I understand my individual input will be combined with the input from many others and my name will not be published. I acknowledge that I will not have the power to approve the statewide vision published by LEARNING ALLIANCE.

PRINT NAME

SIGNATURE

DATE

STUDENT/PARENT

PRINT STUDENT NAME, AGE

SIGNATURE

I am the parent or guardian of the above named student (“my student”). I am over the age of 18 and I have read the above paragraph. I agree my student’s input can be used in the manner set forth above. I acknowledge that I will not have the power to approve the statewide vision published by LEARNING ALLIANCE.

PRINT PARENT/GUARDIAN NAME

SIGNATURE

DATE