



# Determined Individuals Visualizing Academic Success

## D.I.V.A.S. of Sarasota INC Mentoring & Leadership Program

*"Changing the World One Girl at a Time."*

*Naquila Beachem Gregory-Vice President*  
[nbeachem31@gmail.com](mailto:nbeachem31@gmail.com)

*Tiffany Larkins-President*  
[tiffanylarkins@gmail.com](mailto:tiffanylarkins@gmail.com)

### Annual Contract

I, \_\_\_\_\_ hereby agree to adhere to the following guidelines:

- Maintain a 2.5 grade point average.
- Have 0 referrals in my discipline file or I will be placed on probation.
- Have 0 fights in my discipline file or I will be placed on probation.
- Maintain a good reputation among staff and peers.
- Be respectful at all times. Blatant disrespect to staff will result in immediate probation.
- Attend **ALL** after school club meetings unless excuse note is provided.

I, \_\_\_\_\_ parent of \_\_\_\_\_ hereby agree to adhere to the following guidelines:

- Volunteer at 3 fundraising events.
- Send in a written note with a valid explanation when my student is absent from a meeting or fundraisers.
- Provide my student with transportation to and from meetings.
- Provide my student with transportation to and from fundraisers.
- Assist my student with the selling of fundraiser items.
- Encourage and support my student's efforts to maintain exceptional grades, behavior, and attendance.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DIVA Signature

\_\_\_\_\_  
Date



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[tiffanyylarkins@gmail.com](mailto:tiffanyylarkins@gmail.com)

The undersigned parent/legal guardian and student hereby authorize D.I.V.A.S. of Sarasota INC to access Crosspoint on behalf of:

\_\_\_\_\_ (insert student name)

Crosspoint Account: <https://scsparentportal.sarasota.k12.fl.us/portal/>.

**STUDENT USERNAME:** \_\_\_\_\_

**STUDENT PASSWORD:** \_\_\_\_\_

I understand that this release is in order that my D.I.V.A.S of Sarasota INC Coordinator/ Mentor may access my grades and attendance. I understand that I am required to maintain a minimum GPA of 2.5 to remain in the D.I.V.A.S. of Sarasota INC leadership and Mentoring Program.

This information is private and confidential and will be used to confirm that I am in compliance with the D.I.V.A.S of Sarasota INC program requirements. I understand that if I am not in compliance that my D.I.V.A.S of Sarasota INC membership will be revoked.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_



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I, \_\_\_\_\_, hereby grant to DIVAS Mentoring and Leadership Program, their successors, and their assignees the right to record the image and/or voice and use the artwork and/or written work of my child, \_\_\_\_\_, on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion.

I understand that my child's full name, address and biographical information will not be made public. I further grant DIVAS Mentoring and Leadership Program, their successors, and their assignees the right to use, and to allow others to use, my child's image and/or voice on the internet, in brochures, and in any other medium and hereby consent to such use.

I hereby release DIVAS mentoring and Leadership Program, their successors, and their assignees and any using my child's image and/or voice, artwork, and/or written work pursuant to this media release form any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof.

I understand that the provisions of this release are legally binding. Please check one:

I consent

I DO NOT consent

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student' Name: \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's Grade: \_\_\_\_\_