

**Return by
April 1, 2016**

**BALDWIN WALLACE UNIVERSITY
TRIO UPWARD BOUND SUMMER PROGRAM**

**DECLARATION OF SUMMER ATTENDANCE
SUMMER 2016**

[PLEASE PRINT]

Student's Full Name: _____

Address: _____
Street City Zip

Phone: _____ E-Mail: _____

Cell Phone: _____ School Counselor: _____

Present Grade Level _____

Current School: _____ School Next Year: _____

Circle your Polo Size: Small Medium Large X-Large XX-Large XXX-Large

Yes, I plan to attend The Summer Institute 2016. **Move-In Date:** _____

No, I am unable to attend The Summer Institute 2016. (Please state your reason below)

Reason for not attending the summer program (*please be specific*):

I would like to attend the Summer Institute 2016, but I have a scheduling conflict (indicate below).
I would like an Upward Bound staff to contact me so that we can discuss my situation.

Scheduling conflict: _____

Phone number where I can be reached: _____

Please remember that ATTITUDE, attendance, participation and academic performance during the Academic Year Program determine the selection of which students are invited to participate in the 2016 Summer Institute. **There are a limited number of slots available.**

Decisions are final and made by the Director and staff. Please feel free to contact the Upward Bound office with any questions or suggestions at 440-826-2208.

BALDWIN WALLACE TRIO
Upward Bound Program
Emergency, Insurance, and Medical Care Information
SUMMER INSTITUTE 2016

TO BE COMPLETED BY PARENT(S)/GUARDIAN(S):

STUDENT NAME: _____

In case of an emergency, parent(s)/guardian(s) or the two alternate persons listed below should be contacted (**YOU MUST LIST TWO ALTERNATES**):

<u>Name, Address, City</u>	<u>Day #</u>	<u>Evening #</u>
Parent(s)/Guardian(s)		
_____	_____	_____

Alternate 1 - Relationship		
_____	_____	_____

Alternate 2 - Relationship		
_____	_____	_____

SPECIAL CARE REQUIRED

Listed below is special personal, medical, or dental care required for my child that will limit his/her activities. **Matters of a confidential nature may be communicated to the director in a separate letter.**

I GIVE THE UPWARD BOUND PROGRAMS STAFF THE AUTHORITY TO DISPENSE FIRST AID CARE AND/OR EMERGENCY MEDICAL CARE TO MY SON/DAUGHTER AS DEEMED NECESSARY.

Parent(s)/Guardian(s) Signature(s) _____
Date

PARENT(S) / GUARDIAN(S) INSURANCE INFORMATION

Human Services/ADC case number: _____

-OR-

Case worker Name: _____ PA# _____

**Health Insurance Information
Summer Institute 2016**

Student's Name: _____

In the case of small emergencies we will have your student seen by the University Health Center nurse and she will contact you prior to administering any type of medication to your child.

Signature of Parent/Legal Guardian

Date

INSURANCE INFORMATION (PRIMARY):

POLICY# _____ GROUP# _____
SUBSCRIBER/POLICYHOLDER: _____
SOCIAL SECURITY # _____ RELATIONSHIP TO PATIENT _____
ADDRESS _____
PLACE OF EMPLOYMENT _____
ADDRESS _____
INSURANCE CLAIM SHOULD BE SENT TO: _____ EMPLOYER _____ INSURANCE COMPANY

INSURANCE INFORMATION (SECONDARY):

INSURANCE CARRIER _____

ADDRESS _____

POLICY# _____ GROUP# _____
SUBSCRIBER/POLICYHOLDER: _____
SOCIAL SECURITY # _____ RELATIONSHIP TO PATIENT _____
ADDRESS _____
PLACE OF EMPLOYMENT _____
ADDRESS _____
INSURANCE CLAIM SHOULD BE SENT TO: _____ EMPLOYER _____ INSURANCE COMPANY

SIGNATURE: _____
(SUBSCRIBER/POLICYHOLDER) (DATE)

RELEASE: I authorize Baldwin Wallace University to release any information required to process any claim.

SIGNATURE: _____
(STUDENT OR PARENT IF STUDENT IS A MINOR) (DATE)

Baldwin Wallace University Upward Bound Program
SUMMER INSTITUTE 2016
Photographing/Videotaping and Access to Internet

Notes: in each case, Parent(s)/Guardian is a reference to the person (s) with whom the applicant lives. If there are co-heads of households, both must sign.

During the Upward Bound Program, we will have occasion to take photographs and videotaping of the activities in which the students will be participating.

Please complete below:

I (circle one) **give/do not give** permission for my child, _____, to have photographs/videotaping taken during (circle one) **her/his** participation in the Upward Bound Program.

I understand that the photographs/videotaping may be used at the UB Banquet, in posters, or brochures for the Upward Bound Program and/or Baldwin Wallace University

Parent(s)/Guardian Signature	Date
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Parent(s)/Guardian Signature	Date
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During the Upward Bound Program, with teacher supervision, Upward Bound students will have access to the BW Electronic Mail system and through it the Internet. The Internet is a world-wide computer system that permits access to libraries, discussion groups, electronic mail, and publications, among many other resources. With this unrestricted access, entry into uncensored, perhaps adverse and explicit subject matter is also possible. The Upward Bound Academic component will not require that students deal with any of these materials, but students who explore may attempt to gain access to them. **TEACHERS WILL BE IN THE CLASSROOM WITH STUDENTS AT ALL TIMES. IF A STUDENT IS FOUND TO HAVE GAINED ACCESS TO INAPPROPRIATE MATERIALS, HE/SHE WILL BE REMOVED FROM THE SYSTEM FOR THE REMAINDER OF THE CLASS AND HER/HIS PARENTS WILL BE NOTIFIED.**

Please complete below:

I have discussed with my (circle one) **daughter/son** the availability of such material on the Internet, and our beliefs, morals, etc... about reading them.

I (circle one) **give/do not give** permission to my child, _____, to utilize the Phoenix and Internet systems during (circle one) **her/his** participation in the Upward Bound Program.

Parent(s)/Guardian Signature	Date
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Parent(s)/Guardian Signature	Date
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BALDWIN WALLACE UNIVERSITY
TRIO Upward Bound Programs
Summer Institute 2016

ROOMMATE PREFERENCE FORM

PLEASE PRINT:

Name: _____ **M:** ____ **F:** ____

Current Age: _____ **Current Grade:** _____ **Grade Next Year:** _____

High School Name: _____

ROOMMATE REQUEST (NOT GUARANTEED):

First choice: _____ Circle School
John Adams **JFK**
Washington Park **Glenville**

SECOND CHOICE: _____ **CIRCLE SCHOOL**
JOHN ADAMS *JFK*
WASHINGTON PARK *GLENVILLE*

THIRD CHOICE: _____ **CIRCLE SCHOOL**
John Adams **JFK**
Washington Park **Glenville**

PLEASE REMEMBER:

- ✓ Your selected roommates must also list your name on their forms.
- ✓ Roommate preferences are not guaranteed, though we try our best to make appropriate matches. **Once roommates are decided, changes are not permitted unless of an extreme circumstance.**

during, Saturday Academy and After School Tutoring, and previous summers will be taken into consideration.