

UNIVERSITY *of* PUGET SOUND

Est. 1888

ACCESS PROGRAMS

STUDENT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone Home	Students E-mail Address		
Student Cell	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth
Do you have Facebook?	YES <input type="checkbox"/> NO <input type="checkbox"/>	May we text you?	YES <input type="checkbox"/> NO <input type="checkbox"/>

I am interested in: Tutoring Program Access to College Days Career/Cultural Days

EDUCATION	
Current School	Current Grade Level
ETHNIC ORIGIN: CHECK ALL THAT APPLY	
<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-Racial (two or more races)
<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Caucasian/White	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Latino/Hispanic	
<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Other	

EMERGENCY CONTACT INFORMATION	
Full Name	Relationship
Cell ()	Phone ()
Address	
PARENT/GUARDIAN INFORMATION AND PERMISSION <input type="checkbox"/> CHECK IF SAME AS EMERGENCY INFO.	
Name	Phone Home ()
Address	Cell ()
Parent Email	
ETHNIC ORIGIN: CHECK ALL THAT APPLY	
<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-Racial (two or more races)
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other
<input type="checkbox"/> Caucasian/White	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Latino/Hispanic	
<input type="checkbox"/> American Indian/Alaskan Native	

DISCLAIMER AND SIGNATURE PARENT/GUARDIAN

I have carefully read all the materials provided to me by Access Programs and I give my permission for _____

To participate in all related activities and events, including excursions with his/her university approved mentor. I understand that the location of these activities/events will vary and that I will be notified in advance of:

- Location
- Type of event
- Start and End time
- Transportation procedures
- Appropriate Attire

Signature

Date

MEDICAL CONSENT FORM

I understand that if my child requires medication during an Access to College Initiative activity/event, that the Access to College Initiative representatives are not permitted to dispense medication to the children under any circumstances and that I must be responsible for administering any and all medications to my child. For informational purposes, my child currently takes the prescribed dosages of the following medications:

Medication

Dosage

Other medical considerations

Medical Insurance Provider

Personal ID #

In the event of an accident, illness or emergency, every effort will be made to contact the parent or guardian immediately. However, if the parent or guardian is not available, the University of Puget Sound Access to College Initiative representatives are required to secure emergency medical treatment as needed.

I authorize any representative of the Access to College Initiative to secure emergency medical treatment as he/she deems necessary and I give permission to contact the following physician/hospital if it is possible. I also understand that if the situation warrants, for the safety of my child, the nearest medical care facility will be contacted.

Signature

Date

PARTICIPATION AGREEMENT FOR STUDENT

Parent/Guardian and student should sign if in agreement:

This agreement explains the terms and conditions for participation in Access Programs, at the University of Puget Sound. This is a multi-year program, and unless otherwise stated, participants agree to remain committed to building resources and experiences for college and career preparation through Access Programs. The following specifies conditions to be met by the student and their parent or legal guardian designated in this agreement.

A. THE STUDENT AGREES TO:

1. Maintain a "C" or better average in all classes;
2. Maintain regular attendance in school;
3. Have no behavioral problems while in school;
4. Attend scheduled tutoring sessions, if enrolled;
5. Attend scheduled mentoring sessions, if enrolled;
6. Complete all program evaluations or surveys;
7. Notify the Access Programs Coordinator in writing should he/she decides to withdraw from the program.

B. THE PARENT/GUARDIAN AGREES TO:

1. Provide a environment that supports and encourages academic achievement and college preparation;
2. Provide encouragement and support in meeting educational, college and career preparation goals;
3. Consult periodically with school officials and the Access Programs coordinator regarding your child's participation;
4. Complete all program evaluations and surveys;
5. Participate in adult/child activities at school and at the University of Puget Sound which foster and reinforce success-oriented attitudes and behavior;
6. Sign a note of affirmation should the student decide to withdraw from the program.

Students Signature	Date
Parent/Guardian Signature	Date

TUTORING/MENTORING PROGRAM
After carefully reading each affirmation, STUDENT please initial each number

I understand that the purpose of the tutoring program is to help with school courses that are required to be admitted to college. I will receive free tutoring during the school year and will be eligible to participate in college preparation activities at the University of Puget Sound. I will be assigned to work with a college student who has committed time and effort to help me as I work to improve my grades and increase my knowledge. In return for these benefits, I pledge that I will faithfully attend my tutoring sessions throughout the school year unless the tutor receives prior notification from my parent or guardian to the contrary. I also agree to the following:

1. ___ I will be on time to my tutoring sessions.
2. ___ I will attend tutorial sessions and other activities as they are scheduled.
3. ___ I will come to each meeting prepared for the opportunity to work and learn.
4. ___ I will always be prepared with textbooks, notebooks, paper, pencil or pen, and have a list of assignments to be completed. (If I am in need of notebooks, paper or pencils or pens, I will inform my tutor prior to our session, so I can receive those items).
5. ___ I will follow my tutor's instructions at all times and I will work to maintain a cooperative learning environment.
6. ___ I understand that if I miss tutoring sessions or if I am disruptive during these sessions that my parents will be notified. I further understand that such disruptive behavior could result in my being removed from the program.

I understand that the purpose of the mentoring program is to broaden my exposure to academic, cultural, social and college readiness events. I will be eligible to participate in college preparation activities at the University of Puget Sound. I will be assigned to work with a college student who has committed time and effort to help me as I work to improve my grades and increase my knowledge about college and career preparation. In return for these benefits, I pledge that I will faithfully attend my mentoring activities throughout the school year unless the mentor receives prior notification from my parent or guardian to the contrary. I also agree to the following:

1. ___ I will be on time to any outing that my mentor and I agree upon.
2. ___ I will come to each meeting prepared for the opportunity to have fun and learn.
3. ___ I will follow my mentor's instructions at all times and I will work to maintain a cooperative learning experience.

LIABILITY RELEASE
THIS IS A RELEASE OF LIABILITY - READ CAREFULLY BEFORE SIGNING

I understand that my child's safety is my own responsibility. I understand that I am expected to honor arrangements made with my child's mentor with regards to time and pre-arranged curfew agreements. I understand that I will be present when my child is returned home at a pre-arranged hour. I also understand that I am responsible for furnishing proper clothing for my child during activities and events. I understand that accidents can happen and that every precaution will be taken by my child to prevent such incidents from occurring.

I agree that I will not allow my child to be involved in an activity that exceeds his/her physical capabilities; that he/she is in good health and physical condition, and has no physical problems that could be aggravated by Access to College Initiative activities. I also agree that I will not allow my child to participate if he/she is not in good health or in adequate physical condition at the time of the outing.

By my signature on this form, I certify that I am aware of any inherent dangers, risks, and hazards related to specifically chosen activities. This can include, but is not limited to, the hazards of travel by vehicle, playground activities, and the forces of nature. I acknowledge and assume the above-mentioned risks and hazards, and also my responsibility as parent/guardian. In consideration of permitting my child to participate in the outing, I hereby release and forever discharge the University of Puget Sound, the Community Involvement & Action Center, Access to College Initiative, program coordinators, mentors and student volunteers from any and all liability and claims that I have or might have as a result of my child's participation in the program.

By signing below, I affirm that I have fully read and understood the contents of this release.

Parent Signature

Date

VIDEO/INTERNET PHOTO RELEASE

AS THE PARENT/GUARDIAN OF _____,
currently enrolled in Access Programs, I understand that the program representatives may videotape or arrange for someone to videotape activities registered to Access Programs. I also understand that there might be an occasion for a photograph to be used as a method of describing Access Program activities on the departmental internet site.

I also understand that all videotape and photographs belong to the University of Puget Sound and that they may be used to promote Access Programs.

VIDEO MEDIA PERMISSION

I understand that the program representatives may videotape or arrange for someone to videotape activities registered to the Access Programs Summer Academic Challenge. I also understand that there might be an occasion for a photograph to be used as a method of describing Access Program activities on the University of Puget Sound internet site.

I also understand that all videotape and photographs belong to the University of Puget Sound and that they may be used to promote the University of Puget Sound academic programs.

I understand that photos will not be used in association with any program or department that is outside of the University of Puget Sound.

INTERNET MEDIA PERMISSION

I understand the University of Puget Sound Access Programs may use my child’s image on the University of Puget Sound internet site and Facebook for the promotion of University of Puget Sound academic programs.

CONSENT TO RELEASE GRADE, COURSE AND STANDARD TEST INFORMATION

Access Programs is requesting from all participants permission to obtain grade information from the Tacoma Public Schools. As part of our formal agreement with the Tacoma Public Schools, Access Programs has agreed to conduct continuous assessment of the program. Some of the measures used to evaluate the effectiveness of the Access Programs, include grade trends, course taking patterns, and standardized test information. Most importantly this information will provide feedback for program development. Focus interviews with students and parents can also provide valuable information, and you and your child may be invited to participate in such an interview in assessing program effectiveness. This information will be used solely in the aggregate when reporting trends on student progress. No individual or named student data will be used in reporting trends.

I certify that I have read the preceding or it has been read to me and that I understand its contents. By my signature below, I hereby authorize Tacoma Public Schools to release to Access Programs at the University of Puget Sound, course selection and grade point average and standardized test information of my son/daughter for the purpose of Program Evaluation.

Specifically, I authorize release of semester and end of year cumulative grade point and specific grades in mathematics, science, and English/Language Arts courses (and achievement test scores), in the two years preceding and following my child's involvement with University of Puget Sound Access Programs.

I understand the purpose of this evaluation and that I can withdraw my permission to release grades at any time. I also understand that future questions I may have about the evaluation will be answered by the program coordinator. I have retained a copy of this consent form for my records.

School	Student ID #
Print Student Name	Date
Student Signature	
Print Parent/Guardian Name	Date
Parent Signature	