



Congratulations!

You have been initially selected to participate in the Upward Bound Math/Science Program (UBMS) here at Leeward Community College! It is the beginning of your journey into college and beyond! Your official acceptance will not occur until we are underway with our Summer Program. Upward Bound has a long history of placing students into the colleges they want to get into, and we hope you will continue this tradition. Achieving college acceptance during your Senior year is a result of hard work, a trait we look for in all Upward Bound participants. Upward Bound is an academic program where we have many classes to help prepare you for college, and provide you with assistance in completing college and scholarship applications. You will be required to participate until you graduate from high school. After graduation, we will also expect you to keep us informed about what you are currently doing, until such a time that you have received a college degree. Our Programs are funded by the U.S. Department of Education, Office of TRIO Programs, to serve nearly 150 students. On average, we spend \$5,000 per student per year to help get him/her into and complete college. We expect our participants to take advantage of this chance to help them succeed in college.

Our "Classic" Upward Bound Program brings in students from Campbell, Farrington, Leilehua, Nanakuli, Waianae, and Waipahu High Schools. In addition our Upward Bound Math/Science Program (UBMS) may also have students joining us from Arizona, California, the U.S. Territories of American Samoa and Guam, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, and the Republics of the Marshall Islands and Palau. Once again we will have summer classes for you in English, mathematics, foreign language, and laboratory sciences. We have a dynamic team of teachers and staff ready to work with you to make your future come true. Please make sure to complete all of the forms following and bring them in or mail them to our office as soon as possible. Failure to submit forms will result in the student being dropped from the program. The following dates are important to you:

June 8-10, 2011 – Summer Blast-off (UH Manoa)

June 13, 2011 – First day of instruction

June 13 – July 22, 2011 – Summer Program (Monday – Friday 8:30 AM – 4:30 PM)

July 22, 2011 – Summer Showcase, end of program



In order to confirm your participation in our program we must have the following forms returned to our office ASAP. If you haven't already, please make sure to get your course request form in to your Guidance Advisor. We cannot guaranty you will get the choices you have made, however we will do our best to place you in the classes you requested.

Please use this checklist to ensure you have mailed all your forms to confirm your participation with us.

- Current photo of yourself (wallet size preferred) or email to a photo to UB
- Latest report card
- Photocopy of Alien Registration card (non U.S. citizens only, both sides)
- Permanent Contact Form
- Medical Information Form
- Liability Release Form
- Parental Authorization for Oahu Contact and Student Pickup/Drop Off Form
- School Release Form for Electronically Displayed Student Work Form
- Internet Access Parent/Guardian Permission Form
- Leeward CC/Upward Bound ID Registration Form (Library Use Form)

By agreeing to attend the summer program you have made an important commitment which will benefit you greatly in your future. If you have any questions regarding your upcoming summer experience please call the Upward Bound office at (808) 455-0655. If we are not in please leave a message, or email me directly at james.oda@hawaii.edu.

Mahalo!

James Oda
Director



Student Photo

Please provide us with a recent image of yourself. A wallet size 2" x 3" head shot is preferred. You may also e-mail a jpeg image of yourself to ub@lcc.hawaii.edu and identify yourself instead. We will update your photograph at the beginning of the summer program. Don't worry if it doesn't fit here!

First Name

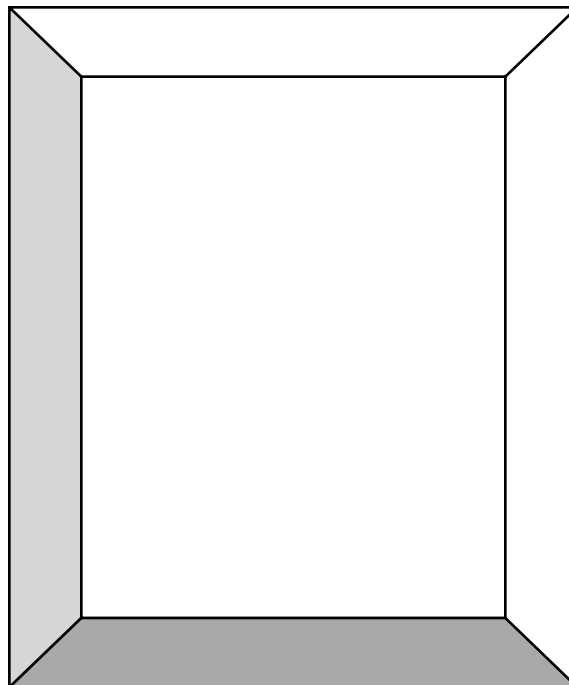
Last Name

High School

Graduation Year

E-mail

Phone number





PERMANENT CONTACT FORM

Our office needs to be able to follow your academic and career progress throughout high school and college. Over the next few years we expect that you may move several times. Please provide us with information on 2 people who will always know exactly where you live so he/she may serve as a liaison for us. Please complete and mail to the address below as soon as possible.

STUDENT'S NAME: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

#1 (required)

PERSONAL INFORMATION OF YOUR PERMANENT CONTACT (Family member - Nearest relative not living with student)

NAME: _____ RELATIONSHIP TO STUDENT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ BUSINESS PHONE: () _____

FAX NUMBER: () _____ EMAIL: _____

#2 (required)

PERSONAL INFORMATION OF YOUR SECOND PERMANENT CONTACT (Other family friend or contact)

NAME: _____ RELATIONSHIP TO STUDENT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ BUSINESS PHONE: () _____

FAX NUMBER: () _____ EMAIL: _____



MEDICAL INFORMATION

To the Parent(s) or Legal Guardian(s):

The TRIO Upward Bound Programs will make every effort to ensure that your son/daughter stays healthy and safe while participating in the Program. Field work and field trips will include reef walks, hikes, laboratory work, swimming, and numerous other activities. It is therefore very important that you fill this form as completely and accurately as possible. The information you provide will help us should an illness or injury occur and in cases of emergency.

Name of Participant _____ Date _____

Part I. MEDICAL INSURANCE

1. Do you have medical insurance? Yes No
 If yes, Insurance Company: _____ Membership No. _____
2. Do you have dental insurance? Yes No
 If yes, Insurance Company: _____ Membership No. _____

NOTE: *Your child should bring a photocopy of his/her medical insurance card or other proof of insurance in for the program.*

Part II. HEALTH HISTORY (check all that apply to your child)

- Allergies (please list all): _____
- Diabetes Epilepsy Hepatitis TB
- Other (please list any other medical concerns here): _____

If you checked any of the above, please explain the condition(s) on a separate sheet and describe how the condition is being treated. If the condition is severe, please include a doctor's description and prescription for the illness.

Part III. MEDICATION

Is your child presently taking any medication? Yes No

Please list any prescriptions the student is taking: _____

NOTE: *Upward Bound may dispense over-the-counter medications to your child, including pain relievers and medicine for menstrual pain relief if such OTC items will relieve the student's condition. All prescription medication must be kept in clearly labeled containers. For residential students, please be sure your child has enough medication to last the six-week period.*



MEDICAL RESTRICTIONS

1. List any physical disabilities the participant has:

2. List any activity in which the participant should not participate in:

3. What is the participant's swimming ability? (check only one)

- Cannot swim
 Poor swimmer
 Average swimmer
 Good swimmer

As part of the TRiO Upward Bound Programs, participants are at times in areas where swimming is permissible. Swimming will be restricted to areas near lifeguard stations. Please provide additional comments or concerns regarding the participant's swimming abilities below:

4. RELIGIOUS RESTRICTIONS

Are there any religious restrictions that must be considered while treating the participant for emergencies or other health situations?

- Yes No If yes, please attach a letter of explanation.

5. EMERGENCY CONTACT INFORMATION

In case of emergency, list three people that you would like us to notify in ranked order.

Name	Relation to child	Home Phone	Work Phone

Name of Family Doctor/Clinic _____ Phone _____

Address _____ City _____ State _____ Zip _____



MEDICAL CONSENT

PLEASE CHECK AND COMPLETE ONE OF THE FOLLOWING:

We/I, the undersigned, **consent to and authorize** any licensed medical practitioner or dentist and others working under their supervision to diagnose and treat _____ (student's name), a minor, for any injury or illness while under the care of the Leeward Community College TRIO Upward Bound Programs. We/I further agree to pay any and all such medical and hospital costs, expenses and charges, and to release and discharge and hold harmless the State of Hawaii, University of Hawaii, Leeward Community College, the Research Corporation of the University of Hawaii, the TRIO Upward Bound Programs, and its employees and agents, from and against any liability or any claim or demand arising from or connected with such medical treatment or care.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

We/I, the undersigned, **DO NOT consent to or authorize** any licensed medical practitioner or dentist and others working under their supervision to diagnose and treat _____ (student's name), a minor, for any injury or illness while under the care of the Leeward Community College TRIO Upward Bound Programs. We/I therefore agree to assume risk of any injury or damage to said student from the lack of any medical care or treatment and further agree to release and discharge and hold harmless the State of Hawaii, University of Hawaii, Leeward Community College, the Research Corporation of the University of Hawaii, the TRIO Upward Bound Programs, and its employees and agents, from and against any liability or any claim or demand arising from or connected with this medical directive.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

EITHER ONE OF THE ABOVE AUTHORIZATIONS CHOSEN SHALL REMAIN IN FULL EFFECT AS LONG AS THE AFOREMENTIONED STUDENT IS IN THE TRIO UPWARD BOUND PROGRAMS AT LEEWARD COMMUNITY COLLEGE.

BOOSTER CONSENT

In what year did your child last receive a tetanus shot? _____

Please sign this consent in case your child needs a booster tetanus shot while he/she is attending the program.

We/I hereby give our/my consent to the staff of a licensed hospital to give a tetanus or other recommended shot(s) to my son/daughter if the attending medical personnel recommend it.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date



LIABILITY RELEASE FORM

Dear Parent(s) or Legal Guardian(s),

During the time your child is in the Upward Program, he/she is expected to participate in many activities such as field trips, sports, campus events, picnics, hikes, swimming, etc. We will be very careful about the safety of your child at all times. However, Leeward Community College requests your signature in agreement with the following statements:

I undersigned, in full recognition of the possible dangers and inherent in any student activity of the sort Upward Bound normally conducts, do hereby agree to assume all risks and responsibilities surrounding my son's / daughter's participation in the program's activities, and further hereby defend, hold harmless, indemnify, and release, and forever discharge the University of Hawaii system, Research Corporation of the University of Hawaii (RCUH), TRiO Upward Bound Programs and all of it's officers, agents, affiliates and employees from and against any and all claims, demands, and actions or cause of action, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University, it's officers, agents, or employees during the period of my participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed this

_____ day of _____, year _____

Student Name (Print)

Student Signature

Father/Male Guardian Signature

Mother/Female Guardian Signature



PARENTAL AUTHORIZATION AND REQUEST FORM FOR STUDENT PICKUP AND DROP OFF

DEAR PARENT/GUARDIAN,

To ensure the safety of your son/daughter during program activities we will be implementing our sign-out system year 'round and releasing your child only to those individuals listed below and authorized by you! Our program will be providing bus transportation to and from your high schools during the summer. Schedules will be posted in the student handbook. If transportation is provided during our school year activities it will be noted on the program fliers.

SON OR DAUGHTER'S NAME: _____

I, _____
(Print Parent Name)
(Parent Signature)
(Date)

grant permission for the following people to pickup and drop off my son/daughter at program activity sites or the Leeward Community College Campus or other means of transportation I have indicated below. I understand that only the people I have listed below may pick up or drop off my son/daughter.

INITIAL BELOW TO INDICATE YOUR WISHES:

- _____ My child may take public transportation when leaving an Upward Bound activity
- _____ No, I do not want my son/daughter to take public transportation after an Upward Bound activity
- _____ I allow my child to drive when departing an activity. (Note: We do not allow minors to drive with other minors)
- _____ No, I do not want my child to drive when departing a program activity

PLEASE PLACE YOUR INFORMATION IN THE FOLLOWING TABLE

THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP YOUR SON OR DAUGHTER. Please include any siblings that may be picking up.

Name: (Print)	Relationship (sibling, cousin, friend, uncle, aunt)	Oahu Phone Number	STAFF USE: Notes by staff



State of Hawaii / Department of Education and
University of Hawaii / Leeward Community College

SCHOOL RELEASE FORM FOR ELECTRONICALLY DISPLAYED STUDENT WORK

INSTRUCTIONS TO STUDENT:

Leeward Community College and the Department of Education utilize the latest technologies to support student-learning needs. As part of the many technological applications employed across the curriculum, we publish a variety of teacher and student projects on the Internet.

Should your child's work be chosen for publication, your signature below acknowledges permission for such work to be published on the Department of Education Internet Service.

I hereby give permission for my child's work, which may or may not be accompanied by the child's name, email address, and / or photograph, to be electronically displayed and produced by Leeward Community College or your child's high school, and hereby release the State of Hawaii Department of Education, the University of Hawaii, Leeward Community College, Research Corporation of the University of Hawaii (RCUH) and the TRIO Upward Bound Program from any liability resulting from or connected with the publication of such work.

Child's Name: _____

High School: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____



State of Hawaii / Department of Education and
University of Hawaii / Leeward Community College

INTERNET ACCESS PARENT/GUARDIAN PERMISSION FORM

The Department of Education (DOE) Internet services are designed for DOE K-12 students and Educators. They can be accessed via a computer and a modem at school or home and provide access to the Internet, a worldwide telecommunications network. Internet provides a large amount of valuable information from computers at colleges, universities, and government agencies.

The DOE Internet services are designed to guide its users in navigating through the vast resources and also to minimize the possibility of students accessing materials that are inappropriate for minors. However, the Department of Education, University of Hawaii, Budget and Finance Information and Communication Services Division and Maui High Performance Computing Center cannot guarantee that such materials will not be accessed.

There is no charge to the student for using this system.

Please complete and return this form if you agree to allow your child access to Department of Education Internet services according to the terms below.

My child, _____, a child at _____
High School and participant in the Leeward Community College Upward Bound Program has my permission to access DOE Internet services.

I understand that my child will be held accountable for all activities including, but not limited to, the content of materials sent by mail, news, or any other means using their account privileges. I also understand that my child must abide by the Internet and newsgroup etiquette and that use of the system will be for educational purposes only.

I agree not to hold the State of Hawaii Department of Education, University of Hawaii or Maui High Performance Computing Center nor any of its employees nor any of the institutions or networks providing access to the Internet responsible for the performance of the system or the content of any material accessed through it.

Name of Parent or Guardian: _____

Home Address: Street _____

City _____ State _____ Zip Code _____

Phone: Home (_____) _____ Work (_____) _____

Parent or Guardian's Signature: _____ Date: _____

