

**Wittenberg University TRIO Upward Bound Program
Record Access Authorization**

INSTRUCTIONS: Parent/Guardian: Please complete this form and return it to:
Wittenberg University TRIO Upward Bound Program
P.O. Box 720
Springfield, Ohio 45501

I, _____, hereby authorize
Parent/Guardian

Representatives of the Wittenberg University TRIO Upward Bound Program to have full access to the following information from the record of:

Name of Student

Student ID#

- Counselor/Teacher Evaluation
- Grades
- Attendance Record
- Truancy and Demerit Records
- Transcripts & Disciplinary Record
- Results of ACT, SAT, and Standardized Reading, Math, and Intelligence Tests
- Individualized Educational Plan (IEP)
- 504 Accommodations
- Class Schedule

Signed: _____
Signature of Parent/Guardian

***For Upward Bound Office Use Only
Do not write in this section***

In accordance with FERPA guidelines, Wittenberg University TRIO Upward Bound Program, and its representatives hereby covenant, warrant, and agree they will not transfer any of the information listed above to another person, agency, or institution or otherwise use the same without the written consent of the parents. This authorization will remain valid for the duration of our student's enrollment in "Target" high schools, and Wittenberg University TRIO Upward Bound.

Date

Print Name and Title

Signature

WITTENBERG UNIVERSITY'S TRIO UPWARD BOUND PROGRAM

PARENTAL STATEMENT

I, (parent/guardian's name) _____, agree for my son/daughter (student's name) _____, to participate in Upward Bound subject to the following stipulations:

Academic Year Program

I understand that (student's name) _____, is to participate in:

- | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> College Placement Activities (seniors only) | <input type="checkbox"/> Cultural activities (at least one per month) |
| <input type="checkbox"/> Tutoring (at least one evening per week) | <input type="checkbox"/> Recreational activities (as scheduled) |
| <input type="checkbox"/> Remedial workshops (if necessary) | |

Summer Program

I understand that during the summer program my son/daughter will not be excused from the following activities for any reason:

- | | |
|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Academic classes | <input type="checkbox"/> Cultural activities |
| <input type="checkbox"/> Remedial workshops | <input type="checkbox"/> Field trips |
| <input type="checkbox"/> Study tables | <input type="checkbox"/> Recreational activities |

Except for 1) personal illness or 2) death in the family (must be documented).

While the Upward Bound Program wholeheartedly supports strong family life, *no student will be excused from Upward Bound classes or activities to participate in family reunions.*

I understand fully and agree to all conditions listed above and I acknowledge the same by affixing my signature below.

Parent/Guardian Signature

Date signed

I have explained the above statements to the best of my ability and I acknowledge the same by affixing my signature below.

Upward Bound Staff

Date signed

WITTENBERG UNIVERSITY'S TRIO UPWARD BOUND PROGRAM

MEDICAL AND EMERGENCY INFORMATION

Student Name _____

The law requires that before medical services can be performed for a person under 18 years of age, permission of the parent or guardian must be secured. In the event of serious illness or accident, every effort will be made to contact parents or guardians. However, in the event that delay in medical or surgical treatment might be detrimental to the health of the student, authorization for consultation and treatment by physicians is requested. Your signature will serve as authorization for such treatment.

Doctor's Name: _____

Doctor's Phone Number: _____

Do you have a health card (A.D.C., Welfare, Medicaid?) No Yes

Card Number: _____

Name of an adult other than parent/guardian with whom you live and whom we can contact in case of emergency:

Name: _____

Phone number (with area code) _____

Street Address: _____

City, State, Zip Code: _____

I, (Parent/Guardian Name) _____, hereby authorize the staff of Wittenberg University to obtain any health examinations, inoculations, treatments, or emergency care that they may, in their judgment, deem necessary for my son/daughter or for my ward while s/he is in residence at Wittenberg University as a participant in the Upward Bound Program.

I agree to hold Wittenberg University and/or its staff free from any claims or suits for damages, for any injury or complications whatsoever which may result from the above procedures.

Date

Parent / Guardian signature

Witness signature

Student signature

Wittenberg University TRIO Upward Bound Program Mental Health Record Access Authorization

Does your child currently attend mental health counseling? ___yes ___no. If yes, please complete the section below.

INSTRUCTIONS: Parent/Guardian: Please complete this form and return to the Upward Bound Office.

I, _____, hereby authorize
Parent/Guardian

Representatives of the Wittenberg University TRIO Upward Bound Program to have full access to my child's mental health/counseling history. Records may be obtained from the following health professionals:

- Counselor
- Behavioral Therapist
- Psychiatrist or Psychotherapist
- Psychologist
- Social Worker

Name of Student

Signed: _____
Signature of Parent(s)/Guardian(s)

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Do not write in this section

The Wittenberg University, TRIO Upward Bound Program, and its representatives hereby covenant, warrant, and agree they will not transfer any of the information listed above to another person, agency, or institution or otherwise use the same without the written consent of the parent(s)/guardian(s).

Date

Print Name and Title

Signature

WITTENBERG TRIO UPWARD BOUND STUDENT CONTRACT

Please read carefully and have the student sign in the designated spaces.

I, (student name) _____, enter the TRIO Upward Bound Program at Wittenberg University with the following commitments:

1. I will attend my high school classes regularly;
2. I will schedule classes appropriate to preparation for college or technical school;
3. I will meet with Upward Bound tutors regularly;
4. I will attend the Upward Bound Summer Program; while in the Summer Program I will attend classes regularly and punctually;
5. I will participate fully in all counseling and testing programs that the Upward Bound Program may require;
6. I will meet as necessary with special tutors to strengthen my skills in areas where testing or grades reveal that I am weak (this is in addition to weekly sessions with a tutor counselor);
7. I will, upon request, provide the Upward Bound Program with information such as grades, schedules and release forms;
8. I will assume full responsibility for attending one cultural activity each month during the academic year;
9. I will graduate from high school;
10. I will go to a college, university, technical school, business college or nursing school;
11. I will conduct myself in a way that will bring pride and unity to the program.

I, (staff member name) _____, accept the above student into the Upward Bound Program at Wittenberg University with the following commitments:

1. We will provide tutoring and other assistance to strengthen the student academically;
2. We will provide a stipend of \$ _____ per week during the summer, \$ _____ for Bridge students), and \$ _____ per month during the school year tutoring periods;
3. We will provide room and board for six weeks every summer;
4. We will provide the necessary counseling and financial assistance for applying to college, including the payment of transcript charges, test reporting fees, and application fees;
5. We will provide a full recreation program during the summer program;
6. We will provide counseling or other assistance with school and family problems;
7. We will provide testing, career, college, and personal counseling appropriate to the individual needs of students;
8. We will provide special tutors to assist students in strengthening their skills in areas in which testing or grades reveal that they are weak;
9. We will maintain full and up-to-date records on each student as required by the U.S. Department of Education;
10. We will pay admission charges and provide transportation (when needed) for students to attend the required cultural activity each month during the academic year;
11. We will respect each student as a unique human being, entitled to the best we have to give.

By my signature I indicate that I have read the above responsibilities carefully and fully intend to abide by each obligation as stated in this contract.

This _____ day of _____, 2_____.

Student's Signature

For the Upward Bound Program

Name of Applicant _____
First M.I. Last Name

TO THE STUDENT: This form should be completed by a present or former teacher, counselor, dean, and/or principal of your choice.

TO THE PERSON COMPLETING THE RECOMMENDATION: Your frank and impartial response to this form will greatly help in meeting the aims of the Upward Bound Program. We are interested in obtaining information that will aid us in arriving at a decision regarding the applicant, and in planning the most appropriate educational program if the student becomes a student in the Upward Bound Program.

We are interested in the following kinds of information:

- 1) The class in which you had the student:
- 2) The student's conduct in your class:
- 3) The student's performance in your class:
- 4) The student's ability to do college level work:
- 5) The student's motivation level:
- 6) Any particular strengths or weaknesses the student demonstrated:
- 7) Whether you feel the student would benefit from the Upward Bound Program:

(Use reverse side of this form if necessary)

Signature of person making recommendation _____

Date _____

Please Forward This Form To: Upward Bound Program Wittenberg University, P.O. Box 720, Springfield, Ohio, 45501, or place in the Upward Bound box in the Faculty Mailroom, if such a box is available.

Name of Applicant _____
First M.I. Last Name

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- 7) Whether you feel the student would benefit from the Upward Bound Program:

(Use reverse side of this form if necessary)

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