



SUNY SULLIVAN LIBERTY PARTNERSHIPS PROGRAM (LPP)
(A NEW YORK STATE EDUCATION DEPARTMENT FUNDED PROGRAM)

2020-2021 VIRTUAL AFTER SCHOOL ENRICHMENT AND GENERAL PROGRAMMING APPLICATION FORM

APPLICATION FORM INSTRUCTIONS:

Parents & Students: Please complete and sign parts I and II of the LPP application, and return the signed application to the Liberty Partnerships In-School Coordinator, or directly to a SUNY Sullivan LPP staff member. Remember to select which program(s) you are registering for.

PART I (to be completed by parent or guardian):

Student's full name: Student ID: Grade:

GPA:

Student email (we suggest all students create a new gmail account strictly for this programming)

School District: Date of Birth:

Sex: Male Female

Student's address:

Street PO Box Town Zip Code

Parent(s)/Guardian(s) name(s)

Parent(s)/Guardian(s) address:

Street Town Zip Code

Parent's home phone:

Parent's daytime phone:

Parent's e-mail address:

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Medical conditions, Allergies or Medications of the Student that The SUNY Sullivan LPP Summer Program should be aware of:

**** Please note: SUNY Sullivan LPP will be taking ALL necessary precautions and screenings needed to ensure a safe, healthy environment for the students throughout this program. This may include, but is not limited to an onsite medical professional checking for fever or other signs of illnesses. At present this is a virtual program, however it has the potential to become face to face once districts begin after school programming on school property.

THIS STUDENT WILL (when programming is NOT virtual)

- Take a school bus to and from original pick up/ drop off point (School Building)
- Walk home from the program
- Be picked up by parent or family member (note required)

PROGRAM PARTICIPATION CONSENT AND RECORD RELEASE AUTHORIZATION

Parent or Legal Guardian Consent

I agree to allow my child to participate in the Liberty Partnerships Program Program.

Records Authorization

I (we) also authorize SUNY Sullivan's Liberty Partnerships Program (SS LPP) to obtain and review school records, which includes but is not limited to report cards, transcripts, attendance records, discipline referrals and college acceptance letters; understanding the records will be used in planning appropriate support services for my son/daughter. I (we) understand that all information obtained will remain confidential. I have read and understand the above.

Parent or Legal Guardian's Signature: X _____

Date: _____

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TRAVEL, CONDUCT, TRANSPORTATION, AND PHOTOGRAPHIC RELEASE

Dear Parent/Guardian:

At various times the Liberty Partnerships Program will sponsor activities for your child, which will take place off school property. This permission form applies to your child for the duration of his or her time in the Liberty Partnerships Summer Program.

We ask that you review this form and fill in the appropriate information.

Your child will always bring home notification of a pending trip. If you wish to rescind your permission for a particular trip, we ask that you notify Liberty Partnerships at 845-434-5750 x4264, or email LPP@sunysullivan.edu.

Transportation may include a college van driven by the LPP Director.

Loss of Personally-Owned Property

The student traveler shall be solely responsible for any and all damages or loss by theft or otherwise of personal property whether such property belongs to the student or to others.

Standards of Conduct

Liberty Partnerships has adopted codes of conduct in accordance with Education Law and appropriate federal and state legislation. Student travelers are expected to comply with all established regulations and policies and with all laws, rules, orders, regulations, and requirements of federal, state, and municipal governments. School District code of conduct must be followed at all times

Photographic Release

At times the SUNY Sullivan Liberty Partnerships Program may take photographs and/or videotapes of our activities and trips. By signing below, you hereby grant the SUNY Sullivan Liberty Partnerships Program permission to use, reproduce, or distribute any photographs, videotapes, and/or sound recordings of your student during their participation in our activities.

Signature Statement:

I have read this permission form, including the statements relative to Medical Emergency Authorization, Loss of Personally-Owned Property, Standards of Conduct, Trip Transportation Permission, and Photographic Release, and I hereby grant permission for participation of my child

_____ in the Liberty Partnerships Program trips.

(Please print name of student)

Parent or Legal Guardian's Signature: X _____ Date:

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Please read the information packet carefully regarding the enrichment programs LPP is offering after school. Each program runs on a separate day from 3- 4 pm. You may register for one, two or all three programs. There will be Amazon gift cards awarded for accomplishments such as attendance, participation and quality of completion of tasks associated with each program. Please check the box next to the program(s) you are interested in registering for

Career Interests or Plans:

Hobbies and Other Interests:

PLEASE CHECK WHICH PROGRAM(S) YOU ARE APPLYING FOR.

American Sign Language for Beginners

Youth Development: People in Mind of New York

Be Proud- Be Responsible

PART III (to be completed by LPP office)

Accepted into program: Yes ____ No ____

Date of initial entry into program: _____

Signature of LPP Director: _____

SYEP Intern: YES ____ No ____

Signature of SYEP Director: _____