

**2018-2019 UPWARD BOUND
SUMMER INSTRUCTIONAL/RESIDENTIAL PROGRAM
APPLICATION PACKET**

**ALL FORMS MUST BE COMPLETED AND RETURNED IN-PERSON,
FAX TO (313)577-1944, or EMAIL TO ab7040@wayne.edu**

DEADLINE: **FRIDAY, MAY 18, 2018
(NO EXTENSIONS OR EXCEPTIONS)**

Wayne State University – UPWARD BOUND
5700 Cass Ave, Detroit, MI 48202
Academic Administration Building, 2nd floor, Room 2906
Office Email: upwardbound@wayne.edu
Office Phone: (313) 577-1943
Office Fax: (313) 577-1944
Office Hours: Monday-Friday 8:30 am – 5:00 pm

2018-19 Summer Program Letter & Forms

The 52nd Annual Summer Instructional/Residence Program will begin with our **2018-19 Student/Parent Orientation on Wednesday June 20, 2018, 6:00-8:00pm, Room 150 General Lectures Building** (corner of W. Warren & JC Lodge Service Drive). Parking will be available in Lot ET, corner of JC Lodge Service Drive & W. Warren.

Prior to the orientation, enclosed with this letter, are **Summer Forms** to be completed by Upward Bound students and parents. For additional information on requirements to be considered for the 2018 Summer Program, (**See Attached information**).

Move-In Day – SUNDAY, JULY 1, 2018 from 6-8pm at Ghafari Hall.

Move-Out Day – FRIDAY, AUGUST 3, 2018 from 10am – 12pm at Ghafari Hall.

Trip Dates – The Culminating Trip will take place immediately after the completion of the summer program. All scheduled activities between these dates will be discussed at the Student/Parent Summer Orientation, including, *Move-In & Move-Out Day Procedures*.

Summer Forms:

1. **Summer Status-** This form states whether or not the student will be attending and **must be returned by Friday May 18, 2018**, regardless of whether the student plans to attend the program.
2. **Roommate Request Form-** The section requesting a specific roommate must be completed. **DO NOT leave BLANK**. Please contact the student to confirm that he/she will be your roommate. If you wish for Upward Bound to select your roommate, print "**PLEASE ASSIGN ROOMMATE**".
3. **Summer Class Schedule Form-** Students this year will only select a Foreign Language. Students will be placed in their core subjects (English, Literature, Math & Science) based on skill level. Skill level is determined by their current course schedule.
4. **Summer School Form** – Complete if the student will be enrolled in summer school.
5. **My Projected Education Plan** – Complete the student's academic plan to graduate.
6. **Physical Exam Form-**All students must complete a Physical Exam before entering the summer program. Exams taken from September 2017 to the May of 2018 are acceptable. Take our form to your physician to be completed. **Do not wait until the last minute to complete this form.**
7. **Medical Insurance Authorization Form** – Complete for medical attention/emergencies.
8. **Matthaei Release Form-**Participation in weekly recreation waiver form. This form must be completed by both students and parents.
9. **Student Emergency Contact Form-** Provide updated contact information.
10. **Student Release from Campus Form-**Documentation of students leaving campus Monday-Thursday. This form must be completed by parent if a student is required to leave campus. Please keep in mind that release from campus should be limited and only used for important reasons or emergencies.
11. **Request For Adjustment of Summer Schedule Hours** – Complete to request participation in other activities during program hours.
12. **Student Code of Conduct Form-** Responsibilities of each student during the summer program. This form is to be signed by each student and their parents.
13. **Student Overnight Responsibility Contract** - Responsibilities of each student during the summer program. This form is to be signed by each student and their parents.
14. **Housing Agreement** - Responsibilities of each student during the summer program. This form is to be signed by each student and their parents.
15. **Dress Code-** Responsibilities of each student during the summer program. This form is to be signed by each student and their parents.

The all forms must be completed and submitted by May 18, 2018.

Students must submit all **REPORT CARDS for the 2018-2019 Academic Year (November 2017, January-June 2018)** to the office prior to Move-In Day. If you do not receive your June report card before Move-In Day, you must bring in a **Progress Report or a note from your Counselor/Teachers, with your final grades.** Juniors and seniors, in addition to Report Cards, you must also hand in a copy of your transcript.

Please adhere to the deadline dates for forms. Complete forms as soon as possible and hand in before the deadline date. Make sure that you complete (sign & date) all forms.

SUMMER PROGRAM DESCRIPTION

The Upward Bound program works to improve a student's motivation to achieve, self-discipline, sense of purpose, study habits, skills and academic achievement. Its success is measured by the number of students who will become the first in their families to attend and graduate from college. All students must attend both phases of the program (Academic Year Tutorials and Summer Program) until graduation. Exceptions are made for students who need to attend Summer School, Enrichment programs, or some other equally beneficial academic program during the summer (documentation must be provided).

The intensive summer phase includes course work, cultural activities, field trips, recreation, as well as residing in a college dorm. The Summer Program is conducted on the campus of Wayne State University, utilizing their laboratories and classrooms as well as both dining and recreational facilities. Students live on campus five days per week from Sunday evening through Friday afternoon for the duration of the program. A residence hall staff supervises and lives with the students in the residence unit providing tutorial services and other activities in the evening.

The students receive instruction in pre-college, high school courses, taught by certified high school teachers or college instructors. Classes are small and use a variety of materials. The total curriculum is designed to develop critical thinking, effective expression, creativity, reading and study skills and a positive attitude toward learning. Included in the curriculum is a comprehensive counseling program, which emphasizes career education as well as a focus on decision-making and goal setting. Also included is a financial literacy class designed to teach students the fundamentals of budgeting, saving money and debt. Students are eligible for 200 hours (10 credits) Out-Of-Class Learning Experience (OCLE) upon successful completion of the Summer Program.

In addition, the academic work is supplemented by scheduled recreational and social activities. Students benefit from a cultural activity at the end of the summer where they visit various colleges and universities across the country.

Eligibility Requirements for the 2018-19 Upward Bound Summer Program

1. Participation in both the 2017-18 Summer Program as well as having attended at least five out of eight months of the Academic After-School Tutoring Program for the 2017-18 school year
2. Submitted all report cards for the 2017-18 school year (from November 2017 and April 2018) and one copy of current transcript and test results (if applicable)
3. Completed: Student Data Form, Student Contract and Student Individual Education Plan (includes one contact with Upward Bound counselor) when enrolled or with updated information.
4. If none of the above requirements have been completed, the student(s) will be placed on a wait list. If space becomes available, students will be added on a first come first served basis.
5. The deadline to submit completed packets for the Summer Program is Friday May 18, 2018. There will be no extensions or exceptions. An application may only be submitted once it is complete. Do not submit portions of the application packet. NOTE: Physical exam forms will be mailed separately, but must be turned in before the move-in day.

SUMMER STATUS FORM

Please complete the information requested below by marking an **(X)** next to the appropriate statement. Sign and return the completed form to the Upward Bound office ASAP. Check the appropriate statement:

- Yes, I will be attending the 2018-19 Upward Bound Summer Program.
- No, I will not be attending the 2018-19 Upward Bound Summer Program.

If you will not be attending the summer program, indicate below why you will not be participating.

- Summer School** - you must complete the **Summer School Form** and attach documentation of your registration and you must hand in your final summer report card when available.
- Summer Employment** (you must provide documentation with supervisor's signature).
- **Other reasons: (YOU MUST PROVIDE WRITTEN DOCUMENTATION/VERIFICATION)**
 - Educational/Academic Program (copy of registration forms)
 - Medical Reasons (letter from doctor)
 - Personal Reasons (letter of verification from parents)
 - Not sure of your Summer Plans and wish to speak with someone about it OR No Longer Interested in Participating in Upward Bound (**PLEASE SCHEDULE AN APPOINTMENT WITH THE ASSISTANT DIRECTOR IMMEDIATELY regarding your decision not to attend the Summer Program**)

****IMPORTANT**** The items listed ABOVE may or may not be viable reasons for not attending the Summer Program. You must provide written documentation for ANY reason you feel is appropriate as to why you will not be able to attend the program.

I understand that students participating in the summer program are subject to Upward Bound program rules, including the student participation guidelines and Student Code of Conduct, concerning dress and conduct, and that failure to abide by these regulations may result in disciplinary actions. I understand that my responsibility may include restitution for damages and/or transportation if your student(s) are sent home because of behavioral problems. If these responsibilities are not met, your student(s) participation in future activities and possible membership in TRIO Upward Bound will be subject to suspension or termination from the program.

Please sign below to grant permission for your child to participate in the Upward Bound Summer Instructional/Residential Program.

Student Name: _____ Shirt Size: S M L XL XXL XXXL

Student Signature: _____ Date: _____

Grade (Fall of 2018): _____ High School: _____

Counselor Name (Fall of 2018): _____

Current Phone: _____ Email Address: _____

Parent Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent Phone: _____

(Shirts are adult/unisex sizes – Please select an appropriate size. Choose the size that will not be a tight or short length fit.)

ABSOLUTE PROGRAM RULES
(No Exceptions)

1. **Sports/Dance/Cheer**, etc:
 - a. Students are not permitted to participate in other programs that interfere with their attendance and performance in the Upward Bound summer program.
 - i. Students considering participating in other programs during Upward Bound hours may submit the following forms for review and approval by Administration. Be aware that the submission of forms does not guarantee approval.
 1. Must complete the "Adjusted Hours" form
 2. Must complete the "Student Release From Campus" form
 - ii. Excessive absences/tardiness outside of designated dates/times will result in dismissal from summer program
2. **Class Failure:**

A student must receive a 70% or higher to pass the class.

 - a. Any Cs or below grades for the summer:
 - i. Forfeiture of the Summer Trip
3. **Fighting, Gambling, Use of Weapons, Damage to Property, Illegal Substances (alcohol & drugs):**
 - a. Automatic Termination from the Summer Program
 - b. Forfeiture of summer stipend
4. **Inappropriate Behavior:**
 - a. Any behavior that demeans, disrespects, harms, makes uncomfortable or embarrass students or staff within the program will result in: (depending on severity)
 - i. Termination (summer only)
 - ii. Probation
 - iii. Warning
 - b. Any and all can result in forfeiture of summer stipend and/or opportunity to attend the trip

STUDENT CODE OF CONDUCT AGREEMENT

Participation in Upward Bound's Summer Program brings with it certain responsibilities for the student, parent(s)/guardian(s) and the Program. As a participant in the 2018-19 Upward Bound Summer Instructional/Residential Program, each student must agree to and abide by the following:

- Students will be held responsible for his/her conduct during the duration of the Summer Program.
- Students will **participate fully** in all classes and activities, including presentations, workshops, cultural trips, special programs and end of summer college tour.
- Students will be **respectful, graceful, cooperative and considerate** to everyone, including your peers, Upward Bound/Wayne State students & staff on campus; in addition to adult chaperones, bus driver(s) and residents of summer college tour. (This also includes your demeanor on the bus.)
- Students will **abide by all rules, regulations and curfews** as instructed by Upward Bound Administration.
- Students will not engage in rough housing, wrestling, fighting, gambling, illegal drugs, alcohol or inappropriate behavior or language during the summer program.
- Students will **follow instructions and directions** from their assigned Resident Advisor & Instructors.
- Students will **carry themselves as mature, responsible young adults** at all times and in any situation.
- Students will abide by Upward Bound's **DRESS CODE** at all times during the summer program and on the end of summer college tour trip.

If these responsibilities are not met, your participation in future activities and possible membership in Upward Bound will be subject to **suspension** or **termination** from the summer program.

PARTICIPANT STATEMENT OF ACCEPTANCE

I certify that I will abide with the above statements and that I accept them as true. I agree to follow the rules and regulations established by the Upward Bound Program and its administration for participating in the 2018-19 Summer Instructional/Residence Program on Wayne State's campus.

Signature of Participant: _____
(Date)

PARENT(S)/GUARDIAN(S) STATEMENT OF ACCEPTANCE

I/We understand our signature means we will hold my/our child/children responsible for his/her overall conduct and compliance to the rules and regulations of Upward Bound's 2018-19 Summer Instructional/Residence Program on Wayne State's campus. We further understand that our responsibility may include restitution for damages and/or transportation (during summer college tour trip) if your student(s) is/are sent home because of behavioral problems.

Signature of Parent / Guardian: _____
(Date)

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

STUDENT OVERNIGHT RESPONSIBILITY CONTRACT

The student along with their parents/guardians should review and complete this form. It is a privilege for you to participate in the TRIO Upward Bound 2018-19 Summer Instructional & Residence Program. It is imperative that you adhere to the Code of Conduct for overnight as well as the applicable provisions of the general Code of Conduct. You must remember that from the time you are on campus, you are the responsibility of the TRIO Upward Bound program.

I agree:

1. to be held responsible for his/her conduct during the trip.
2. to be respectful, graceful, cooperative and considerate to everyone, especially your peers, adult chaperones, bus driver and others in the area.
3. to not engage in any inappropriate sexual behavior, language, and/or gossip/rumors.
4. to refrain at all times from the consumption of alcohol beverages and/or drugs, except parent or prescriber approved medications. Illegal substance/items, sexual misconduct, sexual harassment and/or inappropriate behavior are subject to prosecution to the fullest extent of the law and termination from TRIO Upward Bound.
5. to respect other's possessions.
6. to not bring or acquire any weapons.
7. to refrain from arguing, fighting or doing harm to others.
8. to refrain from taking or stealing other's possessions.
9. to sleep in my assigned room and not entertain members of the opposite sex in my room.
10. to keep my assigned chaperons (RA, Day/Night Monitors, Site Coordinator) advised of my whereabouts at all times.
11. to attend all mandatory activities and meal functions.
12. to participate fully in all of the activities.
13. to not use my phone, headphones or other devices outside of designated times.
14. to adhere to all established curfews.
15. to conduct myself in such a manner as to bring pride to Upward Bound, my family, my school, my community, and myself.
16. to adhere to any established dress code.
17. to comply, throughout the trip, with any and all instructions directed to me and/or the group by a chaperone or staff member.

If a problem arises that is serious enough in nature to warrant the below-named student's removal from the Upward Bound summer program, we (the student and parent/guardian) agree to bear any additional cost or legal responsibilities. NOTE: The accompanying professional staff member(s) will make this removal decision after a student have been provided the opportunity to respond to any allegations. The student may also be subject to discipline in accordance with the program policies.

PARTICIPANT STATEMENT OF ACCEPTANCE

I agree to follow the rules and regulations established by the TRIO Upward Bound Program and its administration for participating in the summer program.

Student Signature : _____ Date: _____

PARENT(S)/GUARDIAN(S) STATEMENT OF ACCEPTANCE

I/We understand our signature means we will hold our child/children responsible for his/her overall conduct and compliance to the rules and regulations of TRIO Upward Bound.

Parent Signature: _____ Date: _____

Housing Agreement

All program participants, students, must abide by our rules and regulations regardless of age. The cooperation is required if summer programs are to be successful and rewarding for all participants. Parents read the rules and regulations with your student then sign the Housing Agreement.

RESIDENCE HALL RULES AND REGULATIONS

Discriminatory actions or harassment of any kind will not be tolerated. Serious violations of University policy include acts of discrimination or discriminatory harassment based upon an individual's race, sex, color, religion, creed, national origin or ancestry, age, marital status, handicap, Vietnam-era status, or sexual orientation and will result in immediate disciplinary action. Under both state and federal law, sexual harassment is illegal. Some cases may be susceptible to prosecution under the criminal sexual conduct law.

Illegal drugs, alcoholic beverages, laser pens, fireworks, explosives, firearms, and all weapons are absolutely prohibited in the hall. Smoking on campus or in the buildings is prohibited. It is dangerous and prohibited to use candles, open flames, explosives, smoke bombs, "snaps", or fireworks in the residence halls, or any other facility. It is against the law to tamper or misuse building fire alarm or fire-fighting equipment. It is against the law to tamper with or misuse the elevator alarms, emergency call buttons or calling 911 from a room or elevator telephone, except in an emergency. Disciplinary actions will be enforced.

Each room will be inspected prior to student arrival on campus and before they exit the summer program. The room must be left in the same condition as it was during move in. Any damages to the room or to University property will be assessed and charged to the program, which may be passed on to the student. Do not fasten anything to the walls or tamper with window screens. An excessive mess resulting in extra cleaning hours will result in a charge to the program, and may be passed on to the student.

Appropriate behavior is expected at all times. It is a violation of the conduct policy to engage in sexual contact with another student. It is a violation of the conduct policy to leave the program or residence hall without permission and appropriate supervision. It will not be tolerated and is a violation of the conduct policy to bully, taunt, threaten or use threatening or dangerous behavior (including fighting) toward others. Excessive noise or rowdiness will not be tolerated. Throwing items out of residence hall windows is a conduct violation.

PARTICIPANT STATEMENT OF ACCEPTANCE

I agree to follow the rules and regulations established by the TRIO Upward Bound Program and its administration for participating in the summer program. We understand that failure to abide by these rules and regulations may result in discipline in accordance with the program policies

Student Signature: _____ Date: _____

PARENT(S)/GUARDIAN(S) STATEMENT OF ACCEPTANCE

I/We understand our signature means we will hold our child/children responsible for his/her overall conduct and compliance to the rules and regulations of TRIO Upward Bound. We understand that failure to abide by these rules and regulations may result in discipline in accordance with the program policies

Parent Signature: _____ Date: _____

SUMMER PROGRAM DRESS CODE

ALL students must abide and follow the Daily Dress Code during the Summer Program. Failure to do so will result in forfeiture of the summer trip, stipend and/or suspension from the Summer Program. **The Dress Code for the 2018-19 Summer Program is as follows:**

Monday and Thursday:

Professional Attire

- MALES: Dress Shirt, Tie & Business Pants (blue, black, brown or grey), Dress Shoes and Socks
- FEMALES: Solid Color Dress or Business Slacks (blue, black, brown or grey) & Dress Blouse, Dress Socks or Stockings & Casual Flat Dress Shoes (no sandals)

Tuesday:

- Polo Shirt (Color to be determined) and Khaki Pants/Shorts/Capris with Gym Shoes

Wednesday:

- Polo Shirt (Color to be determined) and Khaki Pants/Shorts/Capris with Gym Shoes

Friday:

- White Polo, and pants of your choice (NO JEANS OR LEGGINGS)

PARTICIPANT STATEMENT OF ACCEPTANCE

I agree to follow the rules and regulations established by the TRIO Upward Bound Program and its administration for participating in the trip.

Student Signature: _____ Date: _____

PARENT(S)/GUARDIAN(S) STATEMENT OF ACCEPTANCE

I/We understand our signature means we will hold our child/children responsible for his/her overall conduct and compliance to the rules and regulations of TRIO Upward Bound.

Parent Signature: _____ Date: _____

SUMMER SCHOOL FORM

Students required to participate in summer school courses this year ***will be assessed on an individual basis*** as to their participation in the 2018-19 Summer Program. Summer School students ***will not*** be required to participate in the residential portion of the program, but will have a schedule to attend classes and activities during the day, and will be allowed to attend the College Tour trip at the end of the summer program, as long as it does not interfere with their summer school classes.

Students must complete the bottom portion of this form and hand in with a copy of their Summer School Registration. If you do not return the Summer School form prior to the start of the Summer Program and you are in Summer School you will be excused from the Summer Program.

Please complete this form for all your Summer School courses taken during the 2018-19 Summer Instructional/Residential Program. Please print clearly and include room numbers, times, days, instructor name and school location. ***Please do not wait until the end of the school year. If you are certain you will be taking summer school courses, complete this form and send us a copy when you register for your summer school classes. We must have a copy in the office before the summer program begins. (Please Print Clearly)***

Student Name: _____ Grade: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name Summer School Principle: _____

Summer School Classes

1. Full Name of Class: _____

Days of the Week: _____ Time: _____

Name of the Instructor: _____

2. Full Name of Class: _____

Days of the Week: _____ Time: _____

Name of the Instructor: _____

3. Full Name of Class: _____

Days of the Week: _____ Time: _____

Name of the Instructor: _____

4. Full Name of Class: _____

Days of the Week: _____ Time: _____

Name of the Instructor: _____

5. Full Name of Class: _____

Days of the Week: _____ Time: _____

Name of the Instructor: _____

NOTE: Attach a copy of your Summer School Registration to this form before it is returned it to the Upward Bound Office.

UPWARD BOUND SUMMER CLASS SCHEDULE FORM

Student Name: _____

Grade Level - Fall (2018): _____

Current Phone: _____

Email Address: _____

Please select a Foreign Language, Math and Science class. Students will be placed in the other core subjects (English & Literature) based on grade level.

Which courses have you taken previous (2017-18)?

Which course will you take next (2018-19)?

√	SPANISH
	Beginning
	Intermediate
	Advanced
√	MATH
	Algebra I
	Algebra II
	Algebra III & IV
	Geometry
	Pre-Calculus
√	SCIENCE
	Biology
	Chemistry
	Physics

√	SPANISH
	Beginning
	Intermediate
	Advanced
√	MATH
	Algebra I
	Algebra II
	Algebra III & IV
	Geometry
	Pre-Calculus
√	SCIENCE
	Biology
	Chemistry
	Physics

Your selection does not guarantee placement in the courses. If you do not choose a class, one will be scheduled for you based on your last report card, or class size. **Please hand in a copy of your final report card to the Upward Bound office as soon as you receive it.**

MY PROJECTED EDUCATION PLAN

Name: _____ Current grade: _____

The WSU Upward Bound Program is preparing for the 2018-19 Summer Program. Students: please list the course load sequence (English, Math, Science, History and Foreign Language) that is needed for the 2018 - 19 school year. Students and parents are encouraged to complete this four-year plan for high school.

Grade 9	
Credits	Course Name
Grade 11	
Credits	Course Name

Grade 10	
Credits	Course Name
Grade 12	
Credits	Course Name

Please attach a copy of student's transcript.

ROOMMATE REQUEST

Please provide the information below for the requested roommate. This individual must also be a member of the Upward Bound Program.

Student Name: _____

High School: _____

Grade: _____

Phone: _____

Email Address: _____

Make sure that you speak to the individual you intend to share a room with to confirm he/she has agreed to be your roommate before completing the above portion of this form. If you do not have a roommate, one will be provided for you. Please see Ms. Jeffries if you have any changes to your roommate request. No changes will take place on Move-In Day. Once a request has been made NO CHANGES will occur before Move-In Day.

EMERGENCY CONTACT AND CURRENT MEDICATION INFORMATION

STUDENT INFORMATION			
Student Name:			Date of Birth:
Home Address:			
City:	State:	Zip:	Phone:
Email:			
Physician(s) Name:	1.	2.	3.
Physician's Phone:			
Pharmacy:			
Pharmacy's Phone:			
EMERGENCY CONTACTS			
Name(s):	1.	2.	3.
Relationship:			
Phone:			
Cell:			
Work:			
MEDICAL CONDITIONS (Explain)			
1.			
2.			
3.			
ALLERGIES (Explain)			
Allergy	Reaction	Medication	
CURRENT MEDICATION REGIMEN			
MEDICATION	DOSAGE	FREQUENCY	CONDITION / SPECIAL NOTES

STUDENT RELEASE FROM CAMPUS FORM

(To be completed by Parent/Guardian)

PLEASE READ CAREFULLY! This form is to be **FULLY COMPLETED** if you have: a) scheduled appointments; b) leaving campus early; c) evening activities, etc., during the Summer Program.

- **This form must be on file before your student leaves campus.**
- Please complete at least 2-3 days before the scheduled time of departure from campus and return to the Resident Advisor; Resident Coordinator or Upward Bound office.
- Your Student will not be released from the program unless we have this completed form on file.
- **PLEASE NOTE:** Leaving campus for two or more days will result in the student being EXCUSED FROM THE CULMINATING END-OF-SUMMER TRIP.

Upward Bound is not responsible or accountable for the actions, behaviors, or safety of students after they depart from the program or supervision of the staff. Parents are responsible for ensuring that their student arrive at the appropriate location after departing and accountable for students returning by the designated time. Failure to do so will result in disciplinary action in accordance with the program policies.

Student Name:	Room# (if known):	Resident Advisor Name (if known):
Nature of early release from campus (explain):		
Date/time of release from campus:	Date/time of return to campus:	Total time away: (example, 2 days or 4 hours, etc.)
Parent/Guardian picking student up from campus:		Phone #:
Other person/s authorized to pick up student from campus:		Phone #:
Emergency Contact Name:		Emergency contact phone:
Student Signature:		Date:
Parent/Guardian signature:		Date:
Administrative approval signature:		Date:
Comments:		

Student may not leave campus until this form is completed and approved by Administration.

REQUEST FOR ADJUSTMENT OF SUMMER SCHEDULE HOURS

Please complete the following form for extra-curricular activities that may conflict with the TRIO Upward Bound's Residential/Instructional Summer Program held each year. The information provided below will allow us to adjust your summer schedule and ensure that you will continue to receive the necessary tutorial assistance to complete the program. If you have more than one activity that conflicts with the summer program, you will need to complete another form and meet with the Director and Program Coordinator. (Please Print)

1. Student Name: _____

2. Name of Advisor: _____

3. Advisor's Phone: _____

4. Advisor's Email: _____

5. High School Address: _____

6. List Extra-Curricular Activity: _____

(Example: Name of employer or dance team)

7. Work Hrs/Length of Activity: _____

As _____ 's advisor/mentor, I will cooperate with the TRIO
(Student Name)

Upward Bound program at Wayne State University by allowing him/her to participate at least one afternoon (2 hours) per week without jeopardizing his/her position. I am also aware of each student's mandatory requirement to participate in a six-week residential program of instructional and motivational activity held during the month of July. I will allow the Upward Bound student to re-schedule activities without jeopardizing his/her or

position as a participant in _____.
(insert activity)

Advisor/ Mentor's Signature _____

Date

Phone (_____) _____

(If for any reason, you cannot comply with this contract and the student's attendance is at jeopardy, please contact the Upward Bound Director)

MEDICAL INSURANCE AUTHORIZATION FORM

This document will be presented to appropriate personnel at such time as emergency medical, dental, surgical care, or hospitalization may be required.

I/We, being the parent(s) or legal guardian(s) of (student's name) _____, a minor, do hereby appoint an TRIO Upward Bound supervisors, employees or representative from Wayne State University to act in my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the above-named minor during a period of my absence. This authorization is give with my/our understanding that attempts will be made to contact me/us prior to the administration of treatment for any nonlife-threatening situation/condition utilizing the contact information that I/we have provided.

Parent/Guardian Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone#: _____ Night Phone#: _____

Hospitalization Coverage for the Above-Named Minor:

Name of Insurance Company or Government Center

Group Number

Name of Policy Holder

Identification Number

Family Physician Name

Family Physician Phone Number

If you have insurance, please attach a copy of the front and back of your insurance card to this form.

Insurance Wavier Statement: (complete this section if you do not have insurance)

Where no proof of insurance is established, it is understood that the parents of the student must assume legal responsibilities for expenses incurred for injuries to students that occur during co-curricular activities. I have read and understand the above.

Parent/Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____

PHYSICAL EXAM FORM

(Parent Complete)

Please complete both sides of this physical examination form. The first side pertains to the student and family medical history. Your physician must complete the second side. If you have already had a physical this year (September 2017-present), attach a copy of your physical exam results to this form and return to the Upward Bound office as soon as possible.

Student Information

Print Name: _____ DOB: _____ Sex: M or F

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Mother/guardian's Name: _____

Home: _____ Work: _____ Cell: _____

Father/guardian's Father: _____

Home: _____ Work: _____ Cell: _____

Physician Information

Print Name of Physician: _____

Name of Office/Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contacts (if parent/guardian cannot be reached):

1. Name: _____

Relationship to Student: _____

Home: _____ Work: _____ Cell: _____

2. Name: _____

Relationship to Student: _____

Home: _____ Work: _____ Cell: _____

Family History

Has any blood relative (parent, brother, sister) had:

Check each item	Yes	No	Relationship:	Date of Immunizations (Month/Year)	
Tuberculosis				Small Pox	
Diabetes				Tetanus Toxoid	
Fits or convulsions				Polio Vaccine	
Cancer				Tuberculin Test	Pos. Neg.
Asthma				Other	

Have you ever had or have now?	Yes	No		Yes	No
Eye or Ear Trouble			Diabetes		
Rheumatic Fever, Inflammatory/Rheumatism or Heart Disease			Severe Headaches or Lapses of Consciousness		
Palpitation or Chest Pain			Fainting or Dizzy Spells		
Shortness of Breath			Epilepsy, Fits or Convulsions		
Chronic Cough			Mental Condition		
Tuberculosis			Ulcers or Stomach Pain		
Sugar or Albumin in Urine			Backache or Painful Joints		
Kidney Disease			Trick or Weak Knees		

Explain "yes" answers:

Dates of significant injuries or operations which you have had: If none, skip to next question.

Injury or Operation	Date	Hospitalizations	Date

Do you have any physical impairment, such as paralysis, loss of hearing or vision, etc?

Yes No

If yes, explain: _____

Date of last chest x-ray (month/year) _____ Explain any abnormalities found _____

In submitting this health record, I certify that I have given accurate information to the best of my knowledge.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

PHYSICAL EXAM FORM

(Physician Complete)

CONFIDENTIAL: PHYSICIAN: The reverse side of this form should have been completed by the student/parent prior to their examination. Please review the history for completeness and verify it in so far as you are able. Completion of this form is for an educational, academic summer enrichment program for high school on Wayne State's campus.

Date of Exam: _____

Student Name: _____

Date of Birth: _____ Sex _____ Age _____

Grade _____ School _____

Sport(s) _____

=====

Student Name _____

Age _____ Height _____ Weight _____ B.P. _____ Pulse _____

Build: Slender _____ Medium _____ Heavy _____ Obese _____ Posture _____

1. K.E.N.T.	Vision O.S. _____ O.D. _____ Glasses: Yes ___ No ___ Ears & Hearing _____ Rt _____ Lt _____ Nose _____ Mouth _____ Throat _____ Teeth _____ Thyroid _____
2. Chest	Deformity _____ Expansion _____ Breasts _____ Lungs _____ Other _____ Heart: Rate _____ Rhythm _____ Enlarged _____ Murmurs? _____ Describe _____
3. Abdomen & G.U.	Inspection & Palpitation _____ Hernia _____ Scars _____ Genitalia _____
4. Extremities & Spine	Upper Limbs _____ Lower Limbs _____ Spine _____
5. Menses	Regular _____ Age of Onset _____ Dysmenorrhea _____ Severe Cramping _____
6. Immunizations Given	a. Tetanus _____ Date _____ b. Smallpox _____ Date _____ c. Polio _____ Date _____ d. Boosters _____ Date _____ e. Others (specify) _____ Date _____
Comments:	

Please note any emotional or physical condition (past or present) _____

Any present medical treatment? _____

Any physical limitations/restrictions? _____

Allergies – List and describe reaction(s) including severity and treatment.

- Animal Allergies: _____
- Bee/Insect Allergies: _____
- Drug/Medication Allergies: _____
- Environmental Allergies: _____
- Food Allergies: _____
- Poison Ivy Allergies: _____
- Seasonal Allergies: _____
- Other: _____

MEDICATION

_____ No, the student will not need any medication during the summer program.

_____ Yes, the student will need medication during the summer program. In order to administer medication (prescription and over-the-counter), physician must complete the form.

MEDICATION AUTHORIZATION

Section "A" (Chaperon Administered Medication & Emergency Medication) is to be completed and signed by a licensed healthcare prescriber.

- Parent/guardian is responsible for supplying all medication in its original container, labeled with student's name, and should only include the total number of doses needed for the duration of the trip.
- All medication to be administered by a chaperon will require signed approval by a healthcare prescriber.
- Please follow the directions of the trip coordinator for medication drop-off procedure.

Section "B" (Self-Carry Medication [Nonprescription Medication]) is to be completed by the parent/guardian.

1. Students may self-carry their nonprescription and/or emergency medication.

SECTION A – CHAPERONE ADMINISTERED MEDICATION & EMERGENCY MEDICATION (Prescriber to complete)

Medication	Dose/Route	Times(s) to be given	Side Effects

Please list any special storage or considerations:

If medication is an inhaler, EpiPen, or medication and supplies for diabetic management, may the student self-carry? Yes No

As a licensed health care prescriber in the state of Michigan, and at the request of this student's parent/guardian, I direct that the above medication(s) be administered as indicated above.

Prescriber's Name (Print): _____

Title: _____ Phone: _____

Provider's Signature: _____ Date: _____

SECTION B – SELF-CARRY MEDICATION (Nonprescription Medication)

Medication	Dose/Route	Times(s) to be given	Side Effects

CLEARANCE

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for

- Not cleared
 - Pending further evaluation
 - For any sports
 - For certain sports

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s)/physical activities. As a licensed health care prescriber in the state of Michigan, I certify that the information provide is accurate to the best of my knowledge.

Physician Name (Printed): _____

Physician Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

IMPORTANT:

1. Upon completion-Return to Upward Bound office, 5700 Cass Avenue, 2nd Floor, Detroit, MI 48202
2. Please do not return unless fully completed, with signatures and complete medical history recorded.
3. Please call the office, (313) 577-7782, if you have any questions.
4. Faxing this form is the quickest and most efficient mode of receiving this information: (313) 577-1944.
5. The form can also be emailed to ab7040@wayne.edu.

PARENT/GUARDIAN MEDICAL AUTHORIZATION AND EMERGENCY CONSENT

The information on this form is correct and complete to the best of my knowledge, and my child has permission to participate in the Upward Bound Summer program, with restrictions as noted. I understand and consent to the sharing of information with all appropriate personnel who will be supervising my child for the duration of this trip or who may be responsible for the welfare of my child.

In the event I or another legal guardian cannot be reached in a medical or dental emergency, I consent for a TRIO Upward Bound staff member to accompany my child to a medical facility. I authorize emergency medical or dental treatment by a licensed physician or dentist.

In the event of a medical emergency, 9/11/Emergency Medical Services will be called, and student will be transferred to the nearest medical facility. This authorization does not cover major surgeries or treatments unless the medical opinions of two other licensed physicians or dentists concur in the necessity and urgency for such surgery/treatments before they are performed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian (Print): _____

STATEMENT OF INFORMED CONSENT AND RELEASE OF CLAIMS FOR
RECREATION

WAYNE STATE UNIVERSITY MATTHAEI ATHLETIC COMPLEX

I, _____ in consideration for the right to participate in the
(Please Print Students Full Name)
Recreation & Athletic competition within the Department of Athletics, Intramurals, and Recreation and the Division of Kinesiology Health and Sports Studies - Wayne State University on the dates and times listed below, do hereby agree to hold the Board of Governors of Wayne State University, its Department of Athletics, Intramurals and Recreation, its Division of Kinesiology Health and Sports Studies, its agents and employees harmless and free from any and all liability which arises from or is incurred because of any occurrence associated directly or indirectly with my participation in the activities listed below.

In signing this Informed Consent and Release of Claims, I acknowledge that on the basis of a discussion with the *Upward Bound Director*, I acknowledge that I have had an opportunity discuss the hazards and physical stress commonly associated with the activities listed below and I had an opportunity to ask questions and those questions were answered fully. Consequently, I am fully aware of the hazards and physical stresses that may be involved in my participation, and I declare that I do not have medical, mental or physical condition(s) that would prohibit me from safely participating in any of the activities listed below. Finally, I declare that I have disclosed to Wayne State University and its Department of Athletics, Intramurals, and Recreation and Division of Kinesiology Health and Sports Studies the nature of any existing medical, physical or mental condition(s), which may interfere with my participating in any of the activities.

Activities: Weightlifting, dance, tennis, basketball, volleyball, etc.

Dates of Activity: July 1, 2018 - August 1, 2018, 6-8 p.m.

Student Name: (Printed) _____

Signed: _____ Date: _____
(Student Signature)

Parent/Guardian Name: (Printed) _____

Signed: _____ Date: _____
(Parent/Guardian)

“Items To Bring List”

Please keep in mind that the **Upward Bound program is not responsible** for lost or stolen items. Keep your personal items locked in your dorm room to avoid any problems. Students not abiding by this dress code will be sent home for the day. Students who continue to dress inappropriately will be suspended for the duration of the Summer Program. In addition, check with roommates not to duplicate items. Please do not try to purchase everything on this list. It is only a guide.

Bedding

A. All beds are **Twin XL-sized**

- | | |
|---|--|
| <input type="checkbox"/> Pillows w/ pillowcases | <input type="checkbox"/> Blankets/Comforters, etc. |
| <input type="checkbox"/> Fitted and top sheets | <input type="checkbox"/> Mattress pad (required) |

Other Room Necessities

A. These items included as a necessity for residence hall living

- Bright desk and/or floor lamp
- Alarm clock (with or without radio/CD)
- Ironing Board & Iron
- Trash Cans
- Hangers (to hang clothes in closets)
- Laundry Basket or Hampers (to take clothes home to be washed each weekend)
- Extension Cords (optional), Surge Protectors (multi-plug cords), BLUE PAINTER'S TAPE to hang photos, posters, etc.
- Rugs, includes shower/bath mat, shower shoes, towels, shower curtain/liner & rings, plunger
- Cleaning Supplies: broom/mop; bucket; rags; bathroom & shower cleaners; disinfectants & sprays
- Small apartment size Refrigerator and/or a Microwave (*Optional—upon discretion of parents*)
 - a. *Only one each per room, discuss with room-mate to decide who will bring what*
- Only paper products: plates, saucers, bowls, napkins and plastic eating utensils

School Clothes for One to Five Weeks

A. **NO LEGGINGS OR JEANS**

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> White Polo Shirts | <input type="checkbox"/> Dress shoes |
| <input type="checkbox"/> Khaki pants | <input type="checkbox"/> Underwear |
| <input type="checkbox"/> Comfortable shoes | <input type="checkbox"/> Socks |
| <input type="checkbox"/> Dress slacks/pants | <input type="checkbox"/> Belt |
| <input type="checkbox"/> Dress shirts/blouses | |

Recreation Attire

A. Gym Clothes to be brought and worn **separately** from school clothes

- a. No black soled shoes on gym floor
- b. **NO SWIMMING THIS SUMMER**
 - T-Shirt
 - Loose gym shorts (Mid-tight or Knee length- Nothing shorter)
 - sweat pants

Outer Wear/Gear

- Raincoat/Jackets
- Umbrellas

Toiletries

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Toothbrush | <input type="checkbox"/> A small container of shampoo |
| <input type="checkbox"/> Toothpaste | <input type="checkbox"/> A small container of conditioner (2 in 1) |
| <input type="checkbox"/> Mouthwash | <input type="checkbox"/> A small container of soap or body wash |
| <input type="checkbox"/> Dental floss | <input type="checkbox"/> Hair products & ties |

- Band aids
- Q-tips
- Deodorant
- Creams and lotions you wish to apply to

- your body
- Medications
- Feminine Products (Females)

Items “Not” to bring to the Summer Program

- A. Expensive jewelry--better safe than sorry
- B. Inappropriate clothing--tube tops, daisy duke-type shorts, splits, bare backs, NO bare shoulders or midriffs, wife beaters, long t-shirts, inappropriate writing on clothes, cut up jeans, saggin' pants will not be allowed.
- C. Negative attitudes--Will not be allowed without written consent of physician.
- D. No water guns, pistols, balloons, or any other items used to hold water for “water fights”
- E. No CAPS, HATS, or SCARVES or HEAD BANDS are to be worn at any time during the summer program by any student inside University facilities.
- F. No televisions, large stereos, cook appliances or utensils, video game systems

Cell Phones are only allowed in the residence hall building and not in classrooms or program activities. Items will be confiscated for the duration of the day/week/program, or sent home if caught multiple times being used in classrooms and/or during activities.