

Please return the following form to UPWARD BOUND as soon as possible.

_____ **YES**, I wish to participate in the Upward Bound Program and am enclosing a **signed copy** of my household's **2022/2023 Federal Income Tax** Form or proof of household income.

_____ **YES**, I will be attending the Orientation Meeting on May 30th.

_____ **NO**, I will not be able to attend the Orientation Meeting on May 30th and I will call to set up an alternative date.

_____ I will provide my own transportation to and from the Summer Program.

--- OR ---

_____ If available, I will utilize school-based busing for the Summer Program.

_____ **NO**, I do not wish to participate in the Upward Bound Program.

High School Attending

Student Signature

Date

Please Print Name

Parent/Guardian Signature

Date

Please Print Name

FAX #: 518-564-3035

Spring 2024

Welcome New UB Student:

The Upward Bound Summer Program is just around the corner. Below you will find some important dates to remember as well as some mandatory forms to return to us. We are extremely excited to be offering many engaging activities this summer to make your UB experience great! These include the Leadership Trip to New York City and a residential component for the final two weeks of the program.

The six weeks will be scheduled as follows: (weeks 2, 3 and 4 are based on your school – more details to come!)

- Week 1: 7/1 – 7/4 – Leadership Trip – New York City
- Week 2: 7/8 – 7/11 – M/T or W/TH - Academic Schedule
- Week 3: 7/15 – 7/18 – M/T or W/TH – Academic Schedule
- Week 4: 7/22 – 7/25 – M/T or W/TH Academic Schedule
- Week 5: 7/29 – 8/1 – Residential Week 1
- Week 6: 8/5 – 8/8 – Residential Week 2

Please return the following forms in the envelope provided as soon as possible (don't forget the stamp!).

- Emergency Release and Parent/Guardian Permission Slip
- Media Release Form
- Release of Information Form
- Leadership Trip Permission Slip (if eligible)
- Medical History Form (**please include a copy of your immunization record**)

If you have any questions, please do not hesitate to call us.

Sincerely,

Brian Post
Director, Upward Bound



ALL NEW

Students ~ Parents ~ Guardians

**Upward Bound
Orientation Meeting**

Required for All!

Yokum 200
SUNY Plattsburgh
(directions on reverse)

Thursday, May 30th

5:30 - 6:00 p.m. Sign-In

6:00 p.m. - 7:00 p.m. Orientation

If you are UNABLE to attend, please call the
Upward Bound Office at (518) 564-2030 or send
an email to Shonna at shonna.decoste@plattsburgh.edu.



Yokum Hall----#28

Directions to Yokum Hall, SUNY Plattsburgh

From the South:

- Take I87N to exit 37
- Turn R at light onto Cornelia Street/Rt. 3
- Bear right onto Broad Street
- Turn R at the 3rd traffic light. Kehoe Administration building will be directly in front of you. Yokum Hall is the building behind Kehoe.

From the North:

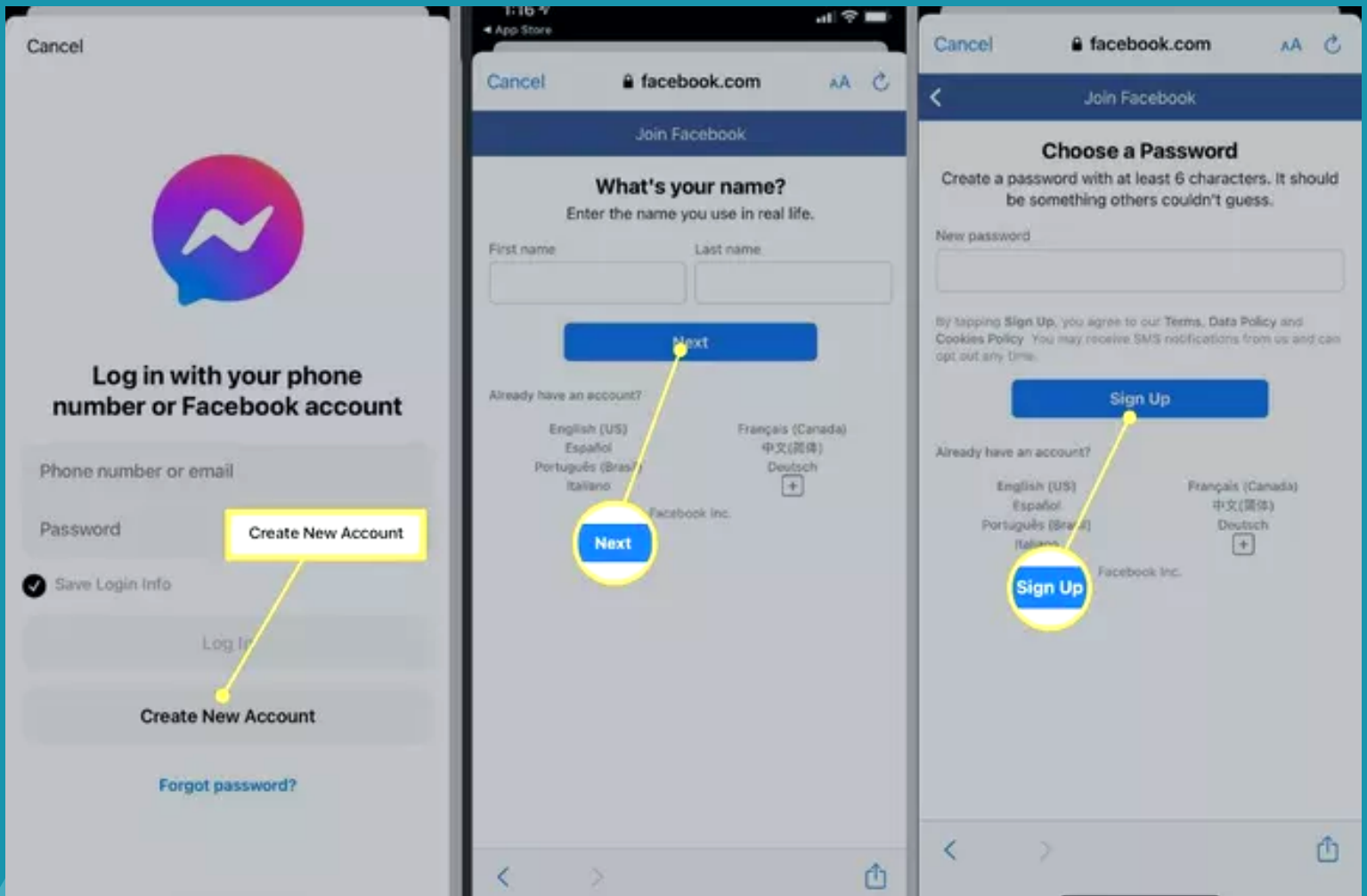
- Take County Route 24 to NY-190E.
- Take Military Turnpike/NY 190E to Rt. 3 intersection in Plattsburgh
- Turn L onto Cornelia Street at TD Bank
- Bear right onto Broad Street
- Turn R at the 3rd traffic light. Kehoe Administration building will be directly in front of you. Yokum Hall is the building behind Kehoe.

From Saranac Lake:

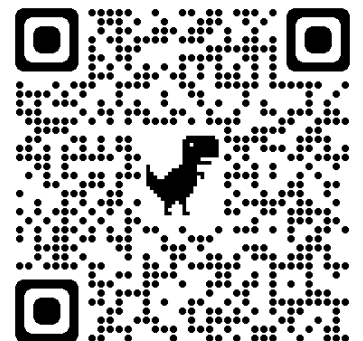
- Take NY 3E for approximately 40 miles
- Turn R onto NY 3E/Cornelia Street
- Turn L to stay on NY 3E/Cornelia Street
- Bear right onto Broad Street
- Turn R at the 3rd traffic light. Kehoe Administration building will be directly in front of you. Yokum Hall is the building behind Kehoe.

ATTENTION STUDENTS!

Upward Bound uses the Messenger app as a primary form of communication with our students. If you haven't already, please follow the steps below to sign up for Messenger.



SEND US A MESSAGE @
SUNY PLATTSBURGH UPWARD
BOUND TO CONNECT WITH
YOUR UB COUNSELOR!



**Upward Bound Summer Program 2024
SUNY Plattsburgh
Plattsburgh, New York**

LEADERSHIP TRIP PERMISSION SLIP

My child, _____, has permission to attend the Upward Bound Leadership Trip scheduled for July 1st through July 4, 2024 to New York City. A tentative itinerary of scheduled activities will be provided.

(Parent/Guardian Signature)

(Date)

Parent/Guardian Name (Please Print)

**SUNY PLATTSBURGH UPWARD BOUND
MEDICAL FORM**



I. GENERAL INFORMATION

DOB: _____
Last Name _____ First Name _____ MI _____

Address: _____
Street _____ City _____ State _____ Zip Code _____

Parent/Guardian Name: _____ Phone #: _____
Home _____ Work/Cell _____

Parent/Guardian Name: _____ Phone #: _____
Home _____ Work/Cell _____

Student Cell Phone #: _____

Emergency Contact: _____ Phone #: _____
Home _____ Work/Cell _____

Relationship to Student: _____

Medical Insurance: _____
Name of Company _____ Policy/Group # _____

Family Physician: _____
Name _____ Phone # _____

II. MEDICAL HISTORY

Medical Conditions: _____

Allergies (Environmental, Food, Medication): _____

Current Medications:

#1 Name: _____ Dosage: _____ Diagnosis: _____

#2 Name: _____ Dosage: _____ Diagnosis: _____

#3 Name: _____ Dosage: _____ Diagnosis: _____

(List any additional medications on back of form)

Are there any medications you self-carry for emergencies? Y N If yes, Name: _____

Parent/Guardian Signature _____ Date _____

****You must provide a copy of your most recent immunization record.****

UPWARD BOUND PROGRAM

SUNY Plattsburgh

SUMMER PROGRAM

PARENT/GUARDIAN PERMISSION SLIP

I give, _____, permission to attend the SUNY Plattsburgh Upward Bound Program. I understand that the Upward Bound Program is responsible for my student from the time of arrival until his/her departure for home each week. I am aware that the Upward Bound Program is not responsible for the participant's well-being during the weekends or at any time that the student leaves the Program without authorization. I also understand that attendance is required during the entire five-week Summer Program. Scheduled absences must receive prior approval from the Director or assigned course credit may not be awarded.

(Date)

(Parent/Guardian Signature)

UPWARD BOUND PROGRAM

SUNY Plattsburgh

Plattsburgh, New York

EMERGENCY RELEASE FORM

In the case of illness or accident involving my son/daughter, the staff members of the Upward Bound Program have my permission to arrange transportation for him/her to the nearest appropriate medical facility.

In such situation, the medical facility has my permission to administer whatever emergency treatment is necessary. I understand that I will be responsible for any expenses incurred which are not covered by the Upward Bound medical insurance policy.

(Name of Student)

(Date)

(Parent/Guardian Signature)

RELEASE OF INFORMATION

By signing this form, I hereby authorize the release of the following to the SUNY Plattsburgh Upward Bound Program for record keeping and college tracking purposes:

1. All high school records
2. College financial aid records
3. FAFSA records
4. College transcripts and notification of change of address
5. Permission to share email address with SUNY Plattsburgh Admissions

Parent's Name (Print)

Parent's Signature

Student's Name (Print)

Student's Signature

Student's Social Security Number

Media Release (Non-profit use)
Upward Bound
SUNY Plattsburgh

Student Name: _____ School: _____

I hereby grant the SUNY Plattsburgh Upward Bound Program the right to take photographs, video recordings and audio associated with those recordings for non-profit uses related to the Upward Bound Program. This may include the use in print, on the internet (website), and other forms of media.

I hereby release the SUNY Plattsburgh Upward Bound Program from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if student is under 18): _____

Address of Parent/Guardian: _____

Date: _____

*****or*****

Signature of Student (if 18 or over): _____

Address of Student: _____

Date: _____

Upward Bound Absence Form

Consistent attendance and participation is required from all students during the Summer Program. Please make all attempts to schedule appointments and vacations prior to, or after the Program ends. Excessive absences may lead to not receiving course credit on the final Summer Program transcript or loss of residential privileges. Prior approval is required for all absences of a full day or more.

Student(s) Name: _____

Reason for Absence: _____

Dates of Absence: _____

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Director Approval

Date

For Office Use Only:

Staff notes:

Upward Bound
Appointment Form

Date: _____

Student's Name: _____

Reason: _____

Time Leaving: _____

Time Returning: _____

Name and relationship of person picking up/dropping off student:

Parent/Guardian Signature: _____

FL-07

Upward Bound
Appointment Form

Date: _____

Student's Name: _____

Reason: _____

Time Leaving: _____

Time Returning: _____

Name and relationship of person picking up/dropping off student:

Parent/Guardian Signature: _____

FL-07