

**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!

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 – No Classes

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 – M - TH Academic Schedule

Week 6: 8/5 – 8/8 – M - TH Academic Schedule

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
- 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 30<sup>th</sup>**

**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](mailto: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 3<sup>rd</sup> traffic light. Kehoe Administration building will be directly in front of you. Yokum Hall is the building behind Kehoe.

#### **From the North:**

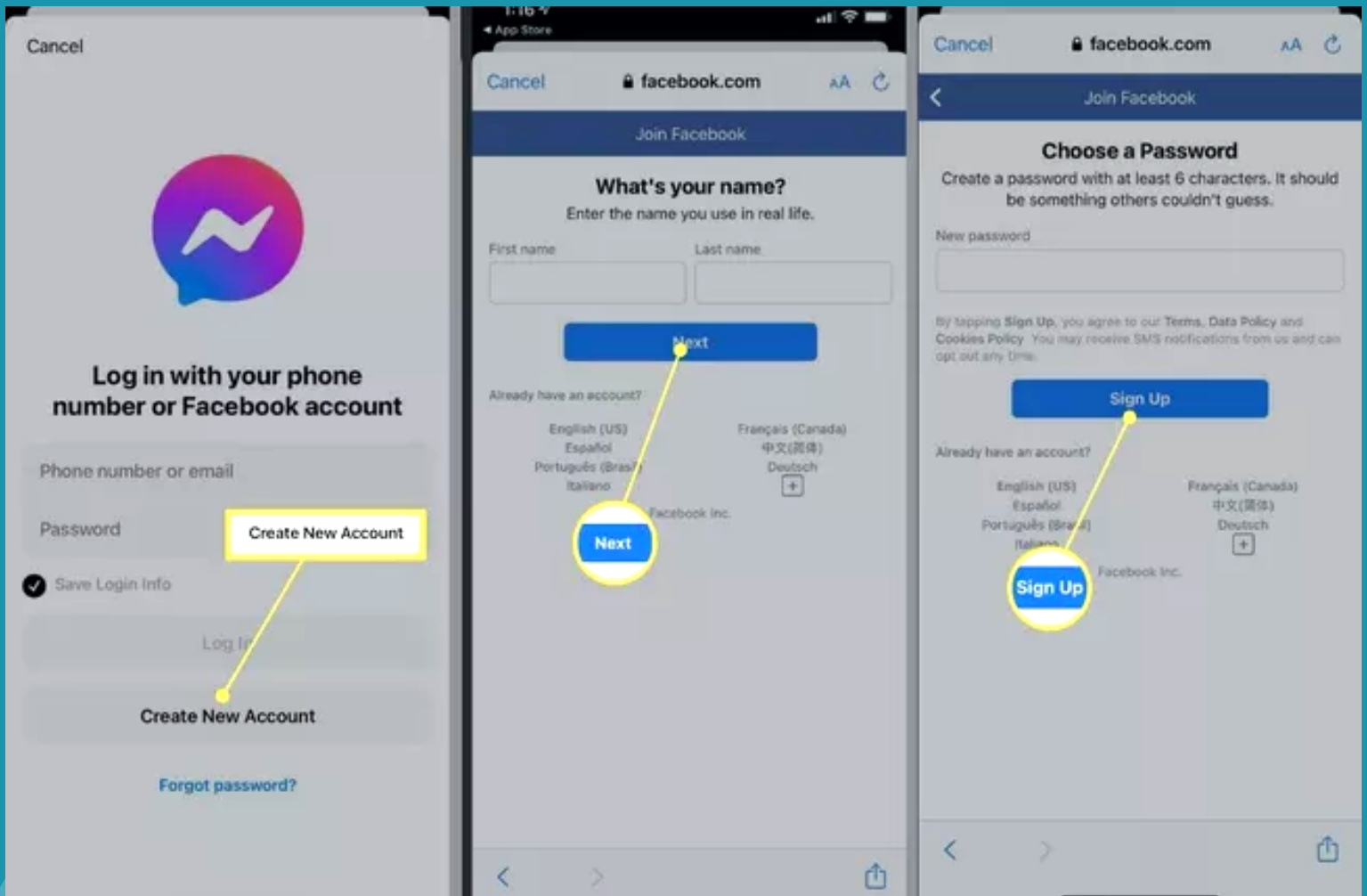
- Take County Route 24 to NY-190E.
- Take Military Turnpike/NY 190E to Rt. 3 intersection in Plattsburgh
- Turn L onto Cornelia Street at TD Bank
- Bear right onto Broad Street
- Turn R at the 3<sup>rd</sup> traffic light. Kehoe Administration building will be directly in front of you. Yokum Hall is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



**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 # \_\_\_\_\_

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**II. MEDICAL HISTORY**

Medical Conditions: \_\_\_\_\_

Allergies (Environmental, Food, Medication): \_\_\_\_\_

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**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: \_\_\_\_\_

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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)

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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

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Parent's Name (Print)

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Parent's Signature

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Student's Name (Print)

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Student's Signature

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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