

February 1, 2024

Dear UBers:

It's been great seeing so much student participation at our UB events this past fall! Staying engaged with Upward Bound and attending the awesome activities we provide will keep you on track to reach those college dreams. This leads me to the busiest and most fun time of all...summer! This year's Summer Program is right around the corner and here's what you need to know.

The Program will follow the same schedule as last year. Groups will attend either **Monday/Tuesdays** or **Wednesday/Thursdays** for the first 3 weeks of the Day Program (see below). Cohort days will be assigned by district transportation schedule, more information to follow.

The **Leadership Trip** will be heading to **New York City** from **July 1-4th** ! This amazing trip will be action-packed with the final itinerary coming out later this spring.

The Summer Program will once again wrap up by spending the last two weeks residing in the dorm. Those two weeks will operate from **Sunday** evenings to **Thursday** afternoons.

Here are the important dates and items to consider:

- Summer Building- **Harrington Hall**
- Leadership Trip- New York City - **July 1-4**
- UB Academic Day Program: **M/T** or **W/Th- July 8-11, July 15-18, July 22-25**
- Final 2 weeks- **July 29-August 1, August 5-8** (Attending everyday)
- Move-in Day- **Sunday, July 28- 4:00-6:00 pm**
- Residential component: **July 28-August 8** (Sunday-Thursday)

We need to know your summer intentions and to receive the following forms by **April 12th**.

- Summer Intentions Form
- Emergency Release/Parent/Guardian Permission Slip
- Leadership Trip Permission Slip
- Medical Form (**please include a copy of your current immunization record**)

Sincerely,



Brian Post
Director, Upward Bound

UPWARD BOUND SUMMER PROGRAM

Name of Student: _____

High School Attending: _____

Grade: _____

_____ **YES**, I would like to attend the **entire** Upward Bound Summer Program from July 1st through August 8th, 2024, including the Leadership Trip and 2-week residential component.

_____ **YES**, I would like to attend the Upward Bound Summer Program from July 8th through August 7th as a **Day Student only**.

_____ **NO**, I do not plan to attend the 2024 Summer Program. My place will be given to another student.

(Student Signature)

(Parent/Guardian Signature)

(Date)

FAX #
518-564-3035

**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)

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