

UPWARD BOUND PROGRAMS

HAWKINS HALL RM 010

101 Broad Street Plattsburgh, NY 12901-2681 Tel: 518-564-2030

Fax: 518-564-3035 Toll: 888-578-7812

www.ubplattsburgh.org

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

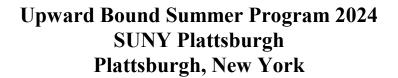
Director, Upward Bound

UPWARD BOUND SUMMER PROGRAM

Name of Student:	
High School Attending:	
Grade:	
	e Upward Bound Summer Program from cluding the Leadership Trip and 2-week
YES, I would like to attend the Upwa through August 7 th as a Day Student	ard Bound Summer Program from July 8 th only.
NO, I do not plan to attend the 2024 given to another student.	Summer Program. My place will be
(Student Signature)	_
(Parent/Guardian Signature)	(Date)

<u>FAX #</u> 518-564-3035





LEADERSHIP TRIP PERMISSION SLIP

My child,	C ,	
(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 #:		
			D1 //	Home	Work/Cell
Parent/Guardian Name	<u> </u>		Phone #: _	Home	Work/Cell
Student Cell Phone #:					
Emergency Contact:			Phone #:	Home	
Relationship to Studen	t:			Home	Work/Cell
-			_		
Medical Insurance:	Name of Company			Policy/Group #	4
Family Physician:	Name of Company			Policy/Group #	+
J J	Name			Phone #	
	TODY.				
II. MEDICAL HIST Medical Conditions:	IORY				
Allergies (Environme	ental, Food, Medicatio	n):			
Current Medications	:				
#1 Name:	Dosage:			Diagnosis:	
#2 Name:	Dosage:			Diagnosis:	
#3 Name:	Dosage:			Diagnosis:	
(List any additional me	edications on back of fo	orm)			
Are there any medicati	ons you self-carry for e	merger	ncies? V N I	fves Name:	
The more any meaneur	one you sent ounly for o				
Parent/Guardian Si	gnature				Date

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

<u>UPWARD BOUND PROGRAM</u>

SUNY Plattsburgh

SUMMER PROGRAM

PARENT/GUARDIAN PERMISSION SLIP

Upward Bound Program. I understand my student from the time of arrival untiaware that the Upward Bound Program during the weekends or at any time that authorization. I also understand that at	permission to attend the SUNY Plattsburgh that the Upward Bound Program is responsible for il his/her departure for home each week. I am is not responsible for the participant's well-being the student leaves the Program without tendance is required during the entire five-week a must receive prior approval from the Director or ded.
(Date)	(Parent/Guardian Signature)
**********	************
<u>UPWARD</u>	BOUND PROGRAM
SUNY Plattsburgh	Plattsburgh, New York
EMERGEN	CY RELEASE FORM
	ing my son/daughter, the staff members of the ission to arrange transportation for him/her to the
emergency treatment is necessary. I un	as my permission to administer whatever derstand that I will be responsible for any ed by the Upward Bound medical insurance policy.
(Name of Student)	(Date)
(Parent/Guardian Signature	<u>e)</u>



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.

_

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
<u>Upward Bound</u> <u>Appointment Form</u>
Date:
Student's Name:
Reason:
Time Leaving:
Time Returning:
Name and relationship of person picking up/dropping off student:
Parent/Guardian Signature: