



SUNY SULLIVAN LIBERTY PARTNERSHIPS PROGRAM (LPP)
(A NEW YORK STATE EDUCATION DEPARTMENT FUNDED PROGRAM)

APPLICATION FORM

APPLICATION FORM INSTRUCTIONS:

Parents & Students: Please complete and sign parts I and II of the LPP application, and return the signed application to the student's Liberty Partnerships In-School Coordinator, or directly to a SUNY Sullivan LPP staff member.

PART I (to be completed by parent or guardian):

Student's full name: _____ Student ID: _____

Date of Birth: _____ Sex: Male _____ Female _____

Ethnicity: (optional) African American _____ Hispanic/Latino _____ White (non-Hispanic) _____

American Indian/Alaskan Native _____ Hawaiian or Pacific Islander _____ Asian _____

Bi-racial or multi-racial (non-Hispanic) _____ Other _____

Student's address: _____

Street

Town

Zip Code

Parent(s)/Guardian(s) name: _____

Parent(s)/Guardian(s) address: _____

Street

Town

Zip Code

Parent's home phone: _____ Parent's daytime phone: _____

Parent's e-mail address: _____

After school the student:

walks home or is met by an approved individual takes a school bus

Was student ever in a Liberty Partnerships Program in another school? Yes _____ No _____

If yes, indicate school name and location _____

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PROGRAM PARTICIPATION CONSENT AND RECORD RELEASE AUTHORIZATION

Parent or Legal Guardian Consent

I agree to allow my child to participate in the Liberty Partnerships Program.

Records Authorization

I (we) also authorize SUNY Sullivan's Liberty Partnerships Program (SS LPP) to obtain and review school records, which includes but is not limited to report cards, transcripts, attendance records, discipline referrals and college acceptance letters; understanding the records will be used in planning appropriate support services for my son/daughter. I (we) understand that all information obtained will remain confidential I have read and understand the above.

Parent or Legal Guardian's Signature: **X** _____ Date: _____

STUDENT TRAVEL PERMISSION

Dear Parent/Guardian:

At various times during the year the Liberty Partnerships Program will sponsor activities for your child, which will take place off school property. This permission form applies to your child for the duration of his or her time in the Liberty Partnerships Program.

We ask that you review this form and fill in the appropriate information.

Your child will always bring home notification of a pending trip. If you wish to rescind your permission for a particular trip, we ask that you notify Liberty Partnerships at 845-434-5750 x4264, or email LPP@sunysullivan.edu.

Medical condition which the advisor/chaperone should be aware of:

Family Physician: _____ Phone #: _____

Loss of Personally-Owned Property

The student traveler shall be solely responsible for any and all damages or loss by theft or otherwise of personal property whether such property belongs to the student or to others.

Standards of Conduct

Liberty Partnerships has adopted codes of conduct in accordance with Education Law and appropriate federal and state legislation. Student travelers are expected to comply with all established regulations and policies and with all laws, rules, orders, regulations, and requirements of federal, state, and municipal governments.

Photographic Release

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At times the SUNY Sullivan Liberty Partnerships Program may take photographs and/or videotapes of our activities and trips. By signing below, you hereby grant the SUNY Sullivan Liberty Partnerships Program permission to use, reproduce, or distribute any photographs, videotapes, and/or sound recordings of your student during their participation in our activities.

Signature Statement:

I have read this permission form, including the statements relative to Medical Emergency Authorization, Loss of Personally-Owned Property, Standards of Conduct, and Photographic Release, and I hereby grant permission for participation of my child _____ in the Liberty Partnerships Program's trips.

(student's name)

Parent or Legal Guardian's Signature: **X** _____ Date: _____

PART II (to be completed by student):

Career Interests or Plans:

Hobbies and Other Interests:

STUDENT CODE OF CONDUCT

By signing this Student Code of Conduct, you accept the following program regulations with the understanding that following them is your responsibility during LPP-sponsored activities, events, trips, classes and mentoring/tutoring sessions. These rules exist to protect all students' educational performance, opportunities, and their mental, emotional and physical well-being:

1. I will behave in a way that will not distract myself or others, including, but not limited to:
 - a. no offensive or inappropriate language
 - b. no overt displays of affection
 - c. no physical or verbal harassment toward any student or adult
2. I will dress appropriately, and maintain my school's dress code, including, but not limited to:
 - a. no offensive t-shirts
 - b. no underwear showing

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3. I will not discriminate or harass any student or employee with physical contact or by verbal threats, intimidation or abuse, or engage in behavior that would cause a student emotional harm, or to fear for his or her physical safety. BULLYING WILL NOT BE TOLERATED.

This includes threats, intimidation, or abuse based on a person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practices, disability, sexual orientation, gender as defined in Education Law §11(6), or sex.

4. I will strive to attend school every day, because I know that if I am not in school, I cannot learn and I will be at risk of getting behind in my work, which will negatively affect my academic progress.
5. I understand that my teachers expect me to complete assignments, even if I miss class for an LPP activity.
6. All rules and regulations included in my school district Code of Conduct must be followed.
7. I understand that if I do not follow the LPP of school district Code of Conduct, my LPP tutor/mentor or LPP Director may prohibit my participation in any or all LPP activities.

Parent or Legal Guardian's Signature: **X** _____ Date: _____

Student Signature: **X** _____ Date: _____

PART III (to be completed by SS LPP office)
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Accepted into program: Yes ____ No ____

Date of initial entry into program: _____ Signature of LPP Director: _____