

Annual Authorization & Release Form 2020-2021

grant the UB staff my permission to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of the services provided by the UB Project.

Parent/Legal Guardian's Signature: _____

Date: _____

In e ne U e Relea e

I hereby grant permission for my child to access networked computer services such as Internet, World Wide Web and electronic mail at the computer labs of the University of North Georgia.

Parent/Legal Guardian's Signature: _____

Date: _____

Medical Inf ma i n and Medical C n en

Is the student covered by any medical insurance? ___ Yes ___ No If yes, please complete the following:

Name of Insurance Company

RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: (name and address)

INSTITUTION:

University of North Georgia
82 College Circle
Dahlonega, GA 30597
(678) 717 3409

DESCRIPTION OF ACTIVITY OR TRIP (including an explanation of form):

LOCATION: _____

DATE(): _____

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

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If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact N. Latrice Richardson at nrichardson@ung.edu or (678) 717-3409.

UPWARD BOUND
2020-2021

ACADEMIC YEAR CONTRACT

Upon acceptance in the Upward Bound Program, the student must sign and complete the following annual contract to remain in the program and earn a monetary stipend.

STUDENT: As a participant in the Upward Bound Program, I agree to the following:

1. I understand that **my attendance is mandatory for ALL** Upward Bound scheduled programming, activities, workshops, field trips, and individual meetings.
2. I understand that **my parent must directly contact the Director or Counselor** if I will be absent or late to any UB programming or activities.
3. To have a positive attitude and behave in a respectful manner that is neither disruptive nor rude during all programming, activities, workshops, field trips and individual meetings.
4. I will actively visit or contact my UB Counselor at least once per week during the academic year.
5. **To provide my UB Counselor a copy of all nine weeks and semester grade reports.**
6. **I will attend all assigned and required tutoring sessions.**
7. I will turn in all tutoring and homework assignments and actively participate in all UB classes and workshops.
8. I will seek help from my UB Director or Counselor with any academic problems if needed.
9. I will accomplish goals that I have set with the help of my UB Director and Counselor.
10. I will enroll in a postsecondary institution (college/university/technical school) upon high school graduation.
11. I will follow all UB policies and procedures currently stated in the UB Program Student/Parent Academic Component Handbook.

I understand that being part of the Upward Bound Program is a **PRIVILEGE** & understand and agree to accept the