

# MCCC - UPWARD BOUND PROGRAM INTAKE PACKET CHECKLIST

REVISE 8/2020

## **For staff:**

✓ **Forms that are complete and included in this packet.**

- Grade Point Average (GPA)**
- Completed Application**
- Family Financial Statement**

**List Type of Verification:** \_\_\_\_\_

- Release of Information Form**
- Student Health Information**
- Field Trip Consent Form**
- Permission and Release Form**
- Interview scheduled with Director or Academic Skills Coordinator**
- Interview completed with Director or Academic Skills Coordinator**

**Student/Parent Contract**

**Expectations Form**

**Student/Parent received the  
UB Student/Parent Handbook**

### PSAT 8<sup>th</sup> Grade

EBRW \_\_\_\_\_ P PP NP MATH \_\_\_\_\_ P PP NP TOTAL \_\_\_\_\_  
(circle one) (circle one)

### PSAT 9<sup>th</sup> Grade

EBRW \_\_\_\_\_ P PP NP MATH \_\_\_\_\_ P PP NP TOTAL \_\_\_\_\_  
(circle one) (circle one)

**Student's UB Start Date** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_



**Dear Upward Bound Student and Parent/Guardian,**

As a member of the Upward Bound (Federal TRIO) Program, you are required to meet the specific areas of compliance for Airport Community Schools, Jefferson Schools or Monroe Public Schools. Therefore, to remain in compliance with our Federal TRIO Grant, our student contract and stipulations, which are located on the following pages, must be read and signed by both student and parent/guardian.

In relation to **TUTORIAL, SUPPLEMENTAL INSTRUCTIONS, ATTENDANCE, STUDENT PARTICIPATION, VOLUNTEER WORK, EXTRA CURRICULAR ACTIVITIES:**

- STEP 1** - Following the first month of non-compliance the student will receive a letter of **warning**.
- STEP 2** - Following the second of month of non-compliance the student will be placed on **program probation** for non-compliance.
- STEP 3** - Following the third month of non-compliance the parent/guardian and student will **meet with the UB Director and /or Academic Skills Coordinator**.
- STEP 4** - Following the fourth month of non-compliance the student **will be removed** from the UB Program.

In relation to **GRADE POINT AVERAGE:**

- STEP 1** - Following the first marking period, if a student does not achieve a 2.0 the student will meet with the Academic Skills Coordinator and develop an academic plan of action. Student will be placed on **warning status**.
- STEP 2** - Following the second marking period, if a student does not achieve a 2.0 the student and parent/guardian will meet with the UB Director and/or Academic Skills Coordinator and revisit student's academic plan of action and make any appropriate adjustment of plan. Student will be placed on **probation**.
- STEP 3** - Following the third marking period, if a student does not achieve a 2.0 the student **can be removed** from the program.

As the Director of the UB program I recognize there are factors that often enter into a student's performance and level of participation in any organization. I will most certainly take that into consideration. With your support I will exercise my best efforts to prepare and direct your student towards post-secondary success.

Sincerely,  
Anthony Quinn, Ph.D.  
Director of Upward Bound  
Monroe County Community College

**X** \_\_\_\_\_ **Student Initial**

**X** \_\_\_\_\_ **Parent/Guardian Initial**

# STUDENT CONTRACT

## **MCCC – Upward Bound Program**

Monroe County Community College Upward Bound Program requires a strong commitment from the students and their parents. The program provides intensive, ongoing service to participants to ensure their success in preparing for college. Participants usually begin during their freshman year and remain with the program throughout high school. Upward Bound is funded through the Department of Education TRIO Programs. Our specific grant requires compliance in the following areas:

### RULES OF CONDUCT

As a voluntary member in the Upward Bound Program, students are expected to conduct themselves in a manner reflecting the goals and objectives of the program.

1. Student must comply with the rules and regulations at Monroe County Community College.
2. Student must comply with the rules and regulations of the appropriate target school (AHS, JHS or MHS).
3. Student exhibit courtesy and consideration toward staff, faculty, fellow students, and others at all times.
4. Student must exemplify respectful behavior for self and others at all times.
5. Student will be cooperative with all staff members.

### ACADEMIC REGULATIONS

As a voluntary member in the Upward Bound Program, students are expected to maintain adequate academic performance in school and in Upward Bound.

1. Student must satisfactorily complete all class and homework assignments, both in high school and in Upward Bound.
2. Student must maintain a 2.0 grade point average or higher.
3. Student must complete academic requirements for high school graduation and college preparation.
4. Student must attend directed tutorials if he/she receive below a C in any core curriculum.

### PARTICIPATION

As a voluntary member in the Upward Bound Program, students continued participation in the program will be based on evaluation, attendance and participation in all program activities.

1. Student must be in attendance 95% of all required school days and program activities (Upward Bound recognizes specific circumstances that may impact this requirement).
2. Student must participate in at least one tutorial a week and one **mandatory** supplemental session a week.
3. Student's participation in cultural/social activities will be based on the student's earning a grade point average of 2.0 or higher or on recommendation by a UB staff member.
4. Student's stipend will be distributed based upon attendance, behavior, participation at the tutorial/supplemental session, workshops, earning a grade point average of 2.0 or higher and summer component.
5. Student must participate in the **mandatory** six-week non-residential summer component held at the campus of Monroe County Community College. Transportation (via bus) will be provided free of cost to the student/family.
6. Upward Bound students are held to a high standard of behavior. Ongoing referrals and/or suspensions will be reviewed by the Director and the student placed on program probation. Habitual non-compliance may result in subsequent removal from the UB Program.
7. Upward Bound may ask that Parent/Guardian attend informational meetings and the annual award reception.
8. I understand that Upward Bound is a college preparatory program and state that upon graduation from high school, it is my intention to go on to post-secondary education.

**I hereby agree to the expectations listed in the contract, fully realizing that any breach of this contract may result in probation, suspension or dismissal from the Upward Bound Program.**

**X** \_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## STATEMENT OF RESPONSIBILITIES

The MCCC - Upward Bound Program is a wonderful opportunity for all students. The students who will most enjoy and benefit from this TRIO Program will understand their responsibilities.

### STUDENT – PLEASE READ EACH RESPONSIBILITY STATEMENT AND INITIAL

- \_\_\_\_\_ I understand that Upward Bound is an academic program and that academics come first.
- \_\_\_\_\_ I understand that this program will help me prepare for a four year college while exposing me to the opportunities available at Monroe County Community College and other institutions.
- \_\_\_\_\_ I understand that I will be expected to participate in all scheduled Upward Bound activities unless excused by a member of the UB Administrative staff.
- \_\_\_\_\_ I understand that the program emphasizes discipline and I am expected to carry myself in the highest regard. I understand that I will be supervised by program staff.
- \_\_\_\_\_ I understand that once accepted into Upward Bound, I am a participant until I graduate. Should I desire to discontinue participation, I am expected to immediately notify the Upward Bound Program, in writing of my withdrawal.

### PARENT/GUARDIAN – PLEASE READ AND INITIAL

- \_\_\_\_\_ **Parent Participation/Visitations** - I/We understand that in order for my/our son/daughter to participate, I/We may be asked to participate in Upward Bound activities during the year. I/We understand that I/We am/are welcome at all times to visit the campus, inspect facilities, observe activities, and confer with the program director, faculty, and staff.

## PERMISSION & RELEASE

My/Our student, \_\_\_\_\_, (student's name) has my/our permission to participate in the Monroe County Community College - Upward Bound (UB) Program (September-May) and the Summer Program (June-August).

### Photo Release

I/We give permission for \_\_\_\_\_ (student's name) picture to be taken in connection with the activities of the UB Program at Monroe County Community College, and its agencies to be used in newspapers, television, magazine articles and talk concerning the project.

### Program Research Consent

I/We give permission and consent of my minor child to participate in any Upward Bound Program and/or TRIO Program research involving surveys, questionnaires etc. I am aware that participation is voluntary and will have no detrimental effect on my child's participation and relationship with Upward Bound and TRIO Programs. Also, I am aware that my child's name will never be used or associated with the project.

### Handbook

I/We acknowledge that I/We have received a copy of The Monroe County Community College Upward Bound Program Student/Parent Handbook.

**I understand the responsibilities listed above and give my/our consent for participation in the Upward Bound Program, Photo Release, Program Research and handbook receipt.**

**Student Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian(s) Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MCCC - UPWARD BOUND PROGRAM  
RELEASE OF INFORMATION CONSENT FORM**

I, \_\_\_\_\_, parent/guardian of

\_\_\_\_\_ authorize the Monroe County Community  
Student Name

College Upward Bound Program to request and receive any/or all of the following information:

- Standardized Test Results
- Attendance records
- Transcripts
- SAT scores
- PSAT/SAT scores
- Interim Progress Reports
- Grades

From any/or all schools listed below:

- Airport High School - 11330 Grafton Road, Carleton, MI 48117
- Jefferson High School – 5707 Williams Rd., Monroe, MI 48162
- Monroe High School - 901 Herr Rd., Monroe, MI 48161
- **Any high school and/or secondary institution** the student may attend prior to high school graduation, GED completion and completion of an Associate’s Degree.

The above information will be used for the following purpose(s):

- Determining eligibility for the program
- Planning appropriate program
- Continuing appropriate program
- Case Review
- Updating file
- Reporting to the U.S. Department of Education

I understand that I may revoke this consent at any time by providing written notice. I have been informed of what information will be obtained, its purpose, and who will receive this information.

**STUDENT SIGNATURE X** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE X** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WITNESS SIGNATURE X** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FIELD TRIP CONSENT FORM**  
**Agreement and Release**

The Monroe County Community College Upward Bound Program offers a unique opportunity to participate in field experiences for educational purposes. The program relies on the cooperation and goodwill for various private businesses, individuals, organizations, and government entities. Because of our obligation to those persons and agencies, and because we understandably cannot assume responsibility for the various persons and agencies, which are in different ways connected with our program, we ask that you adhere to the following terms and conditions of participation. Your dated signature informs the UB staff that you understand and agree to these terms and conditions.

Whereas I/We, \_\_\_\_\_, **parent(s)/guardian** of \_\_\_\_\_, **(student's name)** a student registered for and desiring to participate in activities associated with the Upward Bound Program; and

Whereas I/We parent/guardian(s) of \_\_\_\_\_ **(student's name)**, do hereby provide authorization for my/our child to travel on all Upward Bound sponsored trips and affairs in vehicles and other modes of transportation supplied by the Upward Bound Program for the entire period in which my/our child is enrolled in the Monroe County Community College Upward Bound Program. This authorization covers absences from school which will be deemed excused since these activities are educationally sound. These trips will include college visits, cultural events and recreational activities and may take place outside the state of Michigan. In some cases, the student may be asked to provide his/her own transportation; and

I/We understand that the Upward Bound Program will not be held responsible when my/our child chooses to ride in cars or other modes of transportation NOT officially provided by the Upward Bound Program; and

Whereas I/We further understand that the student is subject to the behavioral directions of the leaders of this trip and that the consumption of alcohol and use of cigarettes and/or drugs is strictly prohibited. Behavior detrimental to the activity, as determined by the Upward Bound Staff, will result in dismissal from the Upward Bound Program.

I/We further understand that the Upward Bound Program will cover transportation and lodging for each student. I/We, parent(s) or guardian(s) of said student, will be responsible for covering his/her expenses including food costs when appropriate. The Monroe County Community College is not liable for injuries, theft, etc., during the trips.

Therefore, I/We agree to hold the Upward Bound Program staff, drivers of vehicles; supervisor of this program; the Monroe County Community College; its Board of Trustees; officers, employees and UB Program volunteers harmless for any direct, indirect, special or consequential damages which I/We may incur or be held liable for as a result of my student's participation in the activities. I/We have read the above terms of this agreement and understand and agree to the terms and conditions.

**Parent/Guardian Name (print)** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**X** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian(s) Signature**

## STUDENT MEDICAL & EMERGENCY INFORMATION

Maintaining a student's address, contact information, medical information, and emergency contact number(s) is one of the requirements of the Upward Bound Grant provided to us by the U.S. Department of Education. In order to have the most current information, our program requires each student to submit this form at the beginning of each school year.

**This information will be on file with the UB Program for the school year and summer program (September – August) in the year which the student becomes a participant AND will need to be updated annually thereafter.**

Student: \_\_\_\_\_  
(Print Name) (Current Grade) (Date)

### Parent/Guardian #1:

Name: \_\_\_\_\_ Relation to UB Student: \_\_\_\_\_

Address: \_\_\_\_\_  
(No. & Street Name) (City) (State) (Zip Code)

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Parent/Guardian #2:

Name: \_\_\_\_\_ Relation to UB Student: \_\_\_\_\_

Address: \_\_\_\_\_  
(No. & Street Name) (City) (State) (Zip Code)

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Student Information:

Student lives with: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(No. & Street Name) (City) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(No. & Street Name) (City) (State) (Zip Code)

Student Cell Phone #: \_\_\_\_\_ Student Email: \_\_\_\_\_

### Emergency Contact: If parent/guardian cannot be reached

Name	Phone #	Relationship to Student(s)
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**MEDICAL INFORMATION**

**1. Known Allergies:**

Aspirin     Bee/wasp     Egg products     Milk products  
 Peanuts/peanut oil     Penicillin     Sea Food     Wheat  
Other allergy (please list)  
\_\_\_\_\_

**2. Medical Conditions UB Staff should be made aware of:**

Anxiety     Diabetes     Fainting     Headaches     Heart/BP  
 Seizures    Other condition(s) (please name) \_\_\_\_\_

**3. Medical Insurance/Physician Info:**

Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Primary Care Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. MEDICATION RELEASE (OTC) & MEDICAL TREATMENT RELEASE**

I give permission for UPWARD BOUND STAFF & CHAPERONES to administer the following medications if necessary:

Antacid/Pepto Bismol     Aspirin     Benadryl     Cold/Sinus  
 Ibuprofen/Motrin     Tylenol

List Medications (other than OTC) currently taking:  
\_\_\_\_\_

I hereby authorize Monroe County Community College Upward Bound Program to seek emergency medical treatment for said child in the case of an accident or illness while participating in any Upward Bound program activity during the academic school year and the summer program including any field trips and cultural trips. I release the Monroe County Community College Upward Bound Program and employees from any liabilities for accidents and from normal health difficulties which may occur while participating in the program and its activities. I further agree to release Monroe County Community College and the Upward Bound program from any expense incurred for medical treatment. I agree to reimburse the program for any medical costs that may be incurred by my son/daughter.

**X** \_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date