Annual Authorization & Release Form 2020-2021

school in order to obtain and exchange information a	is part of the services provided by the UB Project.										
Parent/Legal Guardian's Signature:	Date:										
<u>ln e r</u>	ne U e Relea e										
I hereby grant permission for my child to access netw Web and electronic mail at the computer labs of the	worked computer services such as Internet, World Wide										
Parent/Legal Guardian's Signature:	Date:										
Medical Information and Medical Conten											
Is the student covered by any medical insurance? _	Yes No If Yes, please complete the following:										
Name of Insurance Company											

grant the UB staff my permission to speak with teachers, counselors and other school administrators at my child's

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 (incl ding an po a ion o and f om):

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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UPWARD BOUND 2020-2021

ACADEMIC YEAR CONTRACT

Upon acceptance in o he Up a d Bo nd P og am, he den m ign and compl i h he follo ing ann al con ac in o de o emain in he p og am and ea n a mon hl ipend.

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

- 1. I understand that <u>my attendance is mandatory for ALL</u> Upward Bound scheduled programming, activities, workshops, field trips, and individual meetings.
- 2. I understand that <u>my parent must directly contact the Director or Counselor</u> 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