

Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

Georgia Migrant Education Summer Programs Application

- ☐ Leadership Academy at Abraham Baldwin Agricultural College, **June 4-16, 2017**
☐ Leadership Without Limits at the University of Georgia, **June 5-15, 2017**
☐ GAMEP 9th Grade Leadership Academy at ABAC, **June 4-9, 2017**
☐ Middle School Program at Georgia Southern University, **June 4-10, 2017**
☐ Middle School Program at Valdosta State University, **June 4-9, 2017**

(If you are planning to apply to multiple programs, a separate application for each will need to be submitted.)

STUDENT INFORMATION:

Name: _____
First Middle Last

County: _____ Name of School: _____

Date of Birth: _____ Sex: M / F Age: _____ Grade: _____

Parent/Guardian: _____ Parent/Guardian: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent Email Address: _____

Student Email Address: _____

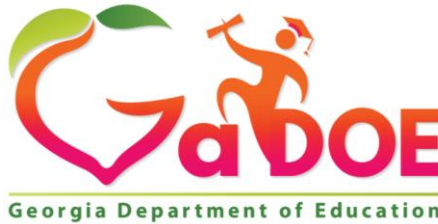
Parent/Guardian Telephone Number: _____
Home Work Cell

Student Telephone Number (if different): _____

Emergency Contact: _____
Name Address Telephone Number

Emergency Contact: _____
Name Address Telephone Number

List extracurricular/leadership involvement: clubs, awards, recognitions, sports, interest areas, etc:



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Have you been a participant in one of these summer programs in prior years?

Leadership Academy at ABAC Yes__ No__
 Leadership Without Limits at UGA Yes__ No__
 Middle School Program at GSU Yes__ No__
 Middle School Program at VSU Yes__ No__

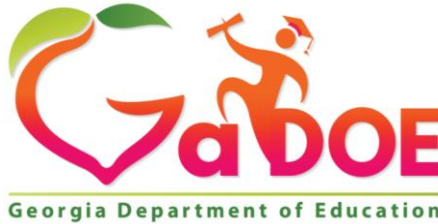
To be completed by Migrant Staff (Name of Staff_____):

COEstar Number: _____
 Priority for Service Yes__ No__
 Disciplinary Problems Yes__ No__
 Regular Attendance Yes__ No__

Documents to Complete and Upload Along with this Application:

GaDOE Summer Leadership Academy at ABAC (rising 9 th)	GaDOE Summer Leadership Academy at ABAC (rising 10 th , 11 th , 12 th)	1. Application 2. Permission Letter 3. Recommendation Form 4. ABAC Health and Consent Form 5. GaDOE ABAC Release Form for Minors
GaDOE Leadership Without Limits at UGA		1. Application 2. Permission Letter 3. Recommendation Form 4. UGA Application Supplement 5. UGA UHS Form 6. GaDOE UGA Release Form for Minors
GaDOE Middle School Program at GSU		1. Application 2. Permission Letter 3. Recommendation Form 4. GSU Release Health Consent 5. GaDOE GSU Release Form for Minors
GaDOE Middle School Program at VSU		1. Application 2. Permission Letter 3. Recommendation Form 4. 5 VSU-Specific Forms 5. GaDOE VSU Release Form for Minors

Summer program information and the application portal is found on the GaDOE MEP website:
<http://www.gadoe.org/School-Improvement/Federal-Programs/Pages/Migrant-Education-Program.aspx>



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PARENTAL/GUARDIAN STATEMENT

If selected, I give permission for _____ to participate in the following migrant summer program sponsored by the Georgia Department of Education:

Choose one:

- ☐ Leadership Academy at Abraham Baldwin Agricultural College, **June 4-16, 2017**
- ☐ Leadership Without Limits at the University of Georgia, **June 5-15, 2017**
- ☐ GAMEP 9th Grade Leadership Academy at ABAC, **June 4-9, 2017**
- ☐ Middle School Program at Georgia Southern University, **June 4-10, 2017**
- ☐ Middle School Program at Valdosta State University, **June 4-9, 2017**

I understand that as a part of this program my child will take part in several different activities which include academic classes, physical activities, career orientation, study skills development, test taking tip seminars, and exposure to different cultures and social interactions. As a result of participating in these activities, I understand and acknowledge that there are risks of property damage and of bodily or personal injury to my child, and I voluntarily assume any and all such risks related to these activities.

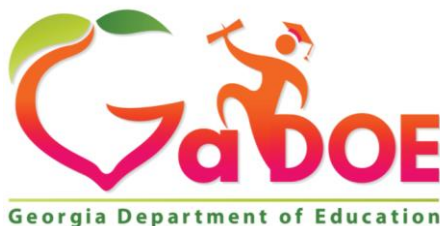
For these reasons, I indemnify and hold harmless the Georgia Department of Education, the State Board of Education, the State of Georgia, and their employees, officers, agents, or volunteers from any and all rights, claims, actions, expenses, costs, and damages for injuries sustained to the above-named student's person or property while participating in the migrant summer program.

Please list any allergies, health, or dietary restrictions that affect your child. Include a list of any medications your child is currently taking.

Parent/Legal Guardian Signature

Date

**** NOTE ** Parents/legal guardians are responsible for taking their child(ren) to the university campus on registration day and picking them up after the last day. The Georgia Department of Education employees will not provide transportation to or from a university campus.**



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DECLARACIÓN Para Padres/Tutores Legales

Si resulta seleccionado/a, autorizo a _____ para participar en la siguiente Academia de Liderazgo del Programa de Educación Migrante de Georgia patrocinada por el Departamento de Educación de Georgia.

Elija una opción:

- ☐ Academia Migrante de Liderazgo en Abraham Baldwin Agriculture College, **junio 4 - 16, 2017**
- ☐ Liderazgo sin Límites en la Universidad de Georgia, **junio 5 - 15, 2017**
- ☐ Academia Migrante de Liderazgo para 9° en ABAC, **junio 4-9, 2017**
- ☐ Programa para Estudiantes de Escuela Intermedia en Georgia Southern University, **junio 4 - 10, 2017**
- ☐ Programa para Estudiantes de Escuela Intermedia en Valdosta State University, **junio 4 - 9, 2017**

Reconozco que al formar parte de este programa, mi hijo/a participará en diversas actividades las cuales incluirán clases académicas, actividades físicas, orientación de carreras, desarrollo de destrezas para el estudio, consejos para tomar exámenes, y será expuesto/a a diferentes culturas e interacciones sociales. Como resultado de participar en estas actividades, comprendo y reconozco que existen riesgos de daño a propiedad y de posibles lesiones corporales o de ámbito personal hacia mi hijo/a y afirmo que voluntariamente asumo cualquier y todo riesgo relacionado con dichas actividades.

Por lo anteriormente mencionado, yo indemnizo y libero de toda culpa al Departamento de Educación del Estado de Georgia, la Junta Directiva de Educación del Estado, el Estado de Georgia, y sus empleados, oficiales, agentes, o voluntarios de cualquier y todo derecho, reclamo, acción, gasto, costo, y perjuicio por lesiones personales o daño a propiedad del estudiante anteriormente mencionado/a durante su participación en el programa de verano para migrantes.

Favor de anotar cualquier alergia, problema de salud, o restricciones en la dieta que afectan a su hijo/a. Incluya una lista de los medicamentos que su hijo/a está tomando actualmente.

Firma de Padre(s) / Tutor Legal

Fecha

**** NOTA ** Los padres/tutores legales se responsabilizan de transportar al participante al campus universitario el día de inscripción y en el último día del campamento. Los empleados del Departamento de Educación del Estado de Georgia no proveerán transporte hacia o desde el campus universitario.**



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RECOMMENDATION FORM

Student's Name _____

STUDENT: Please take this form to a teacher, counselor, or school administrator who knows you. Ask this person to complete the form and return it to you.

Name of Evaluator: _____ Position: _____
School: _____ Phone # _____
Address: _____ City: _____ State: _____ Zip: _____

Choose the summer program for which you are applying:

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TO THE EVALUATOR The named student is applying for the _____.
Please comment on his/her academic standing and how participation in this project would benefit his/her continuing improvement and academic growth. Thank you for your assistance.

How long have you known this student? _____ In what capacity? _____

Comments:

Signature

Date



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**2017 MIGRANT EDUCATION
SUMMER PROGRAM
June 4-10, 2017**



STUDENT INFORMATION

County: _____

Student's Name: _____
First MI Last

Name wish to be called: _____ Sex: ☐ Male ☐ Female

PARENT/GUARDIAN INFORMATION (Primary Contact)

Name: _____

Phone: _____
Home Work Cell/Other

CAMP INFORMATION

All students will be housed in a dorm room with twin beds. Students must share a room with one other person. Roommates will be assigned.

In compliance with ADA, GSU honors requests for reasonable accommodations made by individuals with disabilities. Request can be served more effectively if person with special needs list those needs and return this form as soon as possible.

List Any Special Needs: _____

HEALTH RECORD/MEDICAL AUTHORIZATION

Parents of all students are required to provide a complete authorization for medical treatment and a health record for their children. Please print legibly or type, completing all items. The authorization is not valid without proper signature.

PHYSICIAN INFORMATION

Name of student's physician: _____

Physician's phone numbers: _____

Is student presently under the care of the physician? ☐ Yes ☐ No

If yes, please explain condition _____

Date of last tetanus booster (Month/Year): _____

HEALTH CONDITION

Please list any medication being taken: _____

Please list any Food Allergies: _____

List any physical conditions the staff should be aware of (i.e., asthma, allergies, diabetes, epilepsy, dietary needs, medication, allergies, back problems, ADHD, etc): _____

TREATMENT PRECAUTIONS

Are there any special circumstances such as religious convictions, legal arrangements, or chronic problems that we should know about before treatment? ☐ Yes ☐ No

If yes, please explain:

INSURANCE INFORMATION

Name of Insured (Medicaid Included): _____

Carrier: _____

Policy Number: _____

Please explain emergency coverage: _____

Agreement

As a participant at the Migrant Education Summer Program and a guest of Georgia Southern University, I am responsible for following all camp rules.

- Will attend all educational classes and will complete all class and program assignments.
- Will respect and follow directions from my counselors and camp director.
- Will follow camp schedule and stay with my group. I will not wander away or leave residence hall or meeting facilities without permission from my adult counselors or camp director.
- Will return all keys issued when requested.
- Understand that I am responsible for replacing any misplaced keys as follows: Room Key \$150.00

Camper's Signature

Parent or Guardian's Signature

Camper's Printed Name

Parent or Guardian's Printed Name

PERMISSION STATEMENT (Parent/Guardian Initial Each Statement)

_____ I hereby give permission for my child to participate in the Migrant Education Summer Program.

_____ I hereby grant permission to Georgia Southern University to seek treatment as may be necessary in the best interest of the health of my child/dependent. I understand and agree that Georgia Southern University is not legally liable, financially or otherwise, for such treatment.

I certify that I am over 18 years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

This _____ day of _____, 2017

Print name of parent or guardian

Print name of Child

Signature of parent or guardian

Witness (18 or older)

PLEASE PRINT FIRST AND LAST NAME

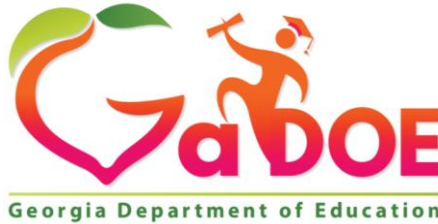
DOB: ____/____/____ PROGRAM: **Migrant Summer Program (6/4/17 -6/10/17)**

THIS IS A BINDING LEGAL DOCUMENT. READ CAREFULLY BEFORE SIGNING.

I understand that in accepting this document, Georgia Southern University does not waive any sovereign, governmental, or official immunity that might apply to itself, any state agency or instrumentality, or any state officer, employee or volunteer. I expressly agree that this Release is governed by and interpreted in accordance with the laws of the State of Georgia. Jurisdiction and venue for any actions with respect to this Release or to PARTICIPANT's participation in this event shall only be had in a tribunal of competent jurisdiction in Bulloch County, State of Georgia, United States of America.

☐ By checking here, I wish to opt out of any future communication by the university for informational or marketing purposes. If I do not check this box, I agree to allow use of identifying information contained on this form by Georgia Southern University for tracking purposes and for marketing by the University only (not by third parties).

Email _____ Phone _____ School Name _____



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**GEORGIA DEPARTMENT OF EDUCATION
STATE OF GEORGIA COUNTY OF FULTON**

RELEASE FORM FOR MINORS

Participant's Name: _____ ("Participant")
Program Title: GA Migrant Education Program Migrant Middle School Summer Program
Production Date(s): June 4, 2017 to June 10, 2017

1. In consideration for the opportunity of the Participant identified above to participate in the Program identified above, I grant to the Georgia Department of Education ("GaDOE"), the producer and owner of the Program:
 1. The right to photograph, record, and otherwise reproduce the Participant's image, voice, and/or likeness in connection with the Program in perpetuity;
 2. All rights of use, ownership, and copyright in such photographs, recordings, and reproductions;
 3. The right to distribute such photographs, recordings, and reproductions without limitation by any means; and
 4. The right to use such photographs, recordings, and reproductions and, if necessary, the Participant's name and biographical information to promote the Program.
2. I understand that neither I, nor the Participant, will be compensated monetarily or otherwise.
3. I release GaDOE, its employees, and assigns, and the local school system and its employees, and assigns from all liability for any claims by me, the Participant, or any other person arising in connection with the Program.
4. I agree to indemnify and hold harmless GaDOE for and against all claims by the Participant arising in connection with the Program or this Release, and for all costs or damages resulting from the Participant's disaffirmance of this Release.
5. I certify that I am the parent of the Participant or am otherwise legally authorized to grant this release.

DATE: _____

TELEPHONE: _____

SIGNATURE

PRINT NAME

RELATIONSHIP to PARTICIPANT

STREET ADDRESS