

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: _____

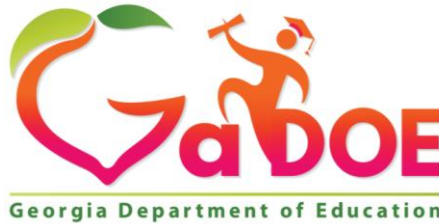
Parent/Guardian Telephone Number: _____
Home Work Cell

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__

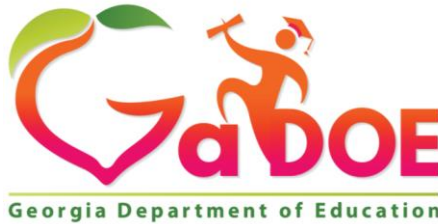
To be completed by Migrant Staff (Name of Staff_____):

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.

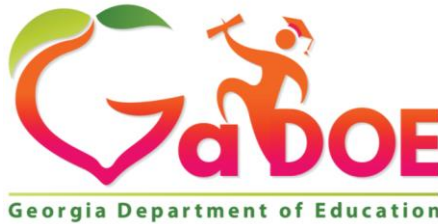
For these reasons, I indemnify and hold harmless the Georgia Department of Education, the State Board of Education, the State of Georgia, and their employees, officers, agents, or volunteers from any and all rights, claims, actions, expenses, costs, and damages for injuries sustained to the above-named 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.

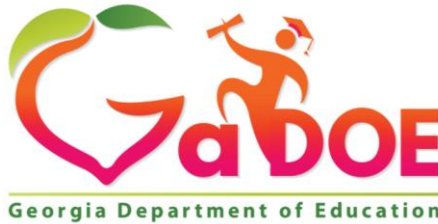
Por lo anteriormente mencionado, yo indemnizo y libero de toda culpa al Departamento de Educación del Estado de Georgia, la Junta Directiva de Educación del Estado, el Estado de Georgia, y sus empleados, oficiales, agentes, o voluntarios de cualquier y todo derecho, reclamo, acción, gasto, costo, y perjuicio 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 Georgia Migrant Leadership Academy at Abraham Baldwin Agriculture College. 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

Allergies: _____

Summer Programs and Camps

HEALTH HISTORY AND CONSENT FORM

As required under University System Policy, this form must be completed and returned to Abraham Baldwin College before the student will be eligible for Program enrollment.

PART A – To be completed by the parent or guardian for the participant (Please Print)

Expected date of

Name _____ Program enrollment _____

Last _____ First _____ Middle/Maiden _____ Semester/Year _____

Home Address _____

City, State, Zip _____ Telephone (____) _____

Sex: ☐ Male ☐ Female

Date of Birth _____ Social Security Number _____

Home Physician _____ City, State _____

Physician's Telephone Number _____

PART C

Directions: Please complete this portion of the form completely and carefully. It is not necessary to consult a physician for this history. Answer all questions. Information supplied will become part of a Health Record at ABAC. It will be held in the strictest of confidence.

FAMILY HISTORY

Father: ☐ Living ☐ Dead If so, cause of death: _____

Mother: ☐ Living ☐ Dead If so, cause of death: _____

Brothers & Sisters: Number _____ If any have died, cause(s) of death(s): _____

Have any of your relatives had any of the following (check appropriate box)

☐ Diabetes ☐ Tuberculosis ☐ Cancer ☐ Kidney disease ☐ Heart disease/high blood pressure

HAVE YOU EVER HAD or do you now have any of the following (check appropriate box):

<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Head injury
<input type="checkbox"/> Recurrent back pain	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Chronic cough	<input type="checkbox"/> Bleeding/Hemophilia
<input type="checkbox"/> Hay fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy or convulsions	<input type="checkbox"/> Periods of unconsciousness
<input type="checkbox"/> Ear, nose or throat trouble	<input type="checkbox"/> Stomach, liver or intestinal trouble	<input type="checkbox"/> Paralysis or weakness	<input type="checkbox"/> Kidney stones or blood in urine
<input type="checkbox"/> Infectious mononucleosis	<input type="checkbox"/> High or low blood pressure	<input type="checkbox"/> Measles	<input type="checkbox"/> Rubella (German Measles)
<input type="checkbox"/> Other, please specify: _____			

Have you received treatment or counseling for emotional problems within 5 years? ☐ Yes ☐ No (If yes, attach explanation)

Do you know any reason why you should not participate in physical activities? ☐ Yes ☐ No (If yes, attach explanation)

Has your physical activity been restricted during the past 5 years? ☐ Yes ☐ No (If yes, attach explanation)

Have you ever had an allergic reaction to the following (check only appropriate boxes, if any):

☐ Penicillin ☐ Sulfa ☐ Eggs or Chicken ☐ Bee Stings ☐ Other, please specify: _____

Do you take any medication on a regular basis prescribed by your physician? ☐ Yes ☐ No (If yes, list below)

Name of Drug	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERMISSION FOR DIAGNOSTIC AND TREATMENT PROCEDURES:

If you are under 18 years of age, your parent or legal guardian must sign below in the space designated. If you are 18 or older, your signature alone will suffice.

I hereby authorize the ABAC Student Health Center, its agents or consultants, to perform diagnostic and treatment procedures on the program participant named above. I waive all claims to prior notification. If, in the judgment of the professional staff, the student's parents or guardians should be notified, this will be done.

SIGNATURES

Student (if 18 year or older) _____ Date _____

Parent/Guardians 1. _____ Date _____

2. _____ Date _____

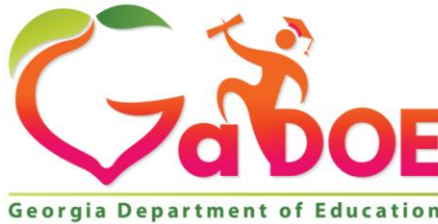
PERSONS TO NOTIFY IN EMERGENCY: List below persons who may be notified in the event of an emergency.

1. Name _____ Relationship _____

Address _____ Telephone (____) _____

2. Name _____ Relationship _____

Address _____ Telephone (____) _____



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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 Leadership Academy at ABAC ("Program")
Production Date(s): June 4, 2017 to June 16, 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