



LIBERTY PARTNERSHIPS PROGRAM APPLICATION

Student:

Name: First _____ Last _____

Gender: Male Female

School Name: South Heritage NFA Main NFA North

Grade as of 9/2019: _____ Birth date: ____/____/____

Street Address _____

Town/City _____ State _____ Zip code _____

Child's Home Phone _____

E-mail _____ Student ID# _____

Ethnicity: Select all that apply

- Hispanic/Latino American Indian/Native Alaskan Asian Black/African American
 White Native Hawaiian/other Pacific Islander Two or more races

Student Receives Free or Reduced Lunch in School? Yes ___ No ___

Parent/Guardian - Contact Information

Name: First _____ Last _____

Relationship _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____ Email: _____

Child lives with:

Foster Care System: Yes No

How did you hear about us?

NECSD Teacher/Admin NECSD Website Community Event Phone Call/ Email

Social Media/Internet Other _____



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Emergency Contact Information

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____

Work Phone _____

Cell Phone _____ Email _____

Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____

Work Phone _____

Cell Phone _____ Email _____

Relation to child _____

Medical Release Information

Does your child have any current or former health conditions, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Does your child have any allergies?

Yes__ No__ If yes, explain: _____

Does your child have any restricted activities?

Yes__ No__ If yes, explain: _____



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AUTHORIZATION FOR PARTICIPATION & ACCESS TO STUDENT RECORDS

By signing this form, the student and parent/guardian agree to the following:

I give permission to participate in the Liberty Partnerships Program. I understand that this form grants LPP permissions for the following:

- Obtaining and reviewing, certain confidential educational record(s), information, or data that may be protected under State and Federal law including, but not limited to, the Family Educational Rights and Privacy Act and New York State Education Law §2-d which includes but not limited to report cards, transcripts, attendance records, discipline referrals and college acceptance letters.
- Utilizing such confidential educational record(s) in planning appropriate support services for my son/daughter. I (we) understand that all information obtained will remain confidential.
- I (we) also give permission for our son/daughter to participate in program related activities. Offsite activities will require a signed permission slip.
- I give permission for SUNY Orange LPP and the Newburgh Enlarged City School District to use photographs, video recordings and / or testimonials from my child for informational and promotional purposes.
- I give my child permission to access the Internet network and accept the responsibility to comply with the policies and procedures of the SUNY Orange Liberty Partnerships Program and NECSD as set forth in the handbook.

I understand that upon submitting my application I will receive the Liberty Partnerships Program Handbook. It is my responsibility to read it in its entirety. The student agrees to abide by all the rules and requirements outlined in the LPP Handbook while participating in all Liberty Partnerships Program activities at the Newburgh campus, school sites and while attending all off site activities. The student understands that participating in the Liberty Partnerships Program carries with it a commitment of time and hard work. The student agrees to fully commit to putting forth the best effort, to reach the fullest potential as a student.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____



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OFFICE USE ONLY

Reviewed by

Staff Name: _____

Staff Signature: _____

Date: _____

Eligibility Factor: Check all that apply

1. 2. 3. 4. 5. 6. 7. 8. 9.
 10. 11. 12. Other Description

Outcome:

Director's Signature: _____

Date: _____