



UPWARD BOUND

SALEM UNIVERSITY
SALEM WEST VIRGINIA 26426
304-326-1261 • 877-391-0029

October 28, 2022

Dear Parent(s) or Guardian(s),

We are excited to have your family as a new addition to our Upward Bound family. We have sent your child some information about the program. Please review and discuss this information with your child. Please pay particular attention to the **attendance requirement during the first 60 days**. We are providing you with some additional information that is specific to the relationship that our program has with the parents of our students.

You and your child must complete and return the enclosed forms to our office using the enclosed envelope **before** he/she attends any Upward Bound activities.

A bus transportation schedule is enclosed. This indicates the times and places the bus will pick up students for our Saturday Sessions.

The laptop borrowing agreement is provided for you to read and share with your child. If you agree to these conditions and are comfortable with your child borrowing the Upward Bound laptop(s), please mark YES on the permission slip. If you are not, please call to discuss your concerns or mark NO on the form. Either way, please return the permission slip along with the other forms included in your information. We have provided a self-addressed, stamped envelope for your convenience.

We would like to meet with you to review the expectations and responsibilities that are outlined in the Student Academic Year Handbook. We also seek a relationship with you that, together, will strengthen our ability to assist your child. **Please attend an upcoming meeting at your child's school to meet us and to meet some of the other Upward Bound parents in your area.** You will be informed of the time and place of this meeting in the near future.

If your child has a documented disability, Individualized Educational Plan (IEP) or 504 Plan, please contact us for a release of information form. We would like to have a copy so that we will know how best to meet your child's needs.

If you have any questions regarding anything related to your child's acceptance, PLEASE contact us at 304-326-1261 or toll free at 1-877-391-0029.

Welcome from our entire staff,


Tim Young, Director/Counselor

File

Dear Parent/Guardian,

In order to provide Upward Bound participants with increased access to computers and computer resources, we have acquired laptop computers and Wi-Fi routers, that are available to the school if requested by an Upward Bound student through their In School Contact or meeting with their Upward Bound counselor. The technology is made available so that our students may borrow it to accomplish work outside of school if needed.

The laptop is equipped with Wi-Fi connection. It is very important for each parent to understand that **it is your responsibility** to pay for the Wi-Fi service in your home, or locate free Wi-Fi locations including restaurants including fast food restaurants and coffee establishments, possibly local library, mall/retail stores, and afterhours at your local school etc. We also offer Wi-Fi routers (via AT&T cellular service) that can be borrowed if needed.

This mailing includes a copy of the Borrowing Agreement that describes the borrower's rights and responsibilities. **Your child will be required to sign this form in order to borrow any equipment.** We are requiring that the parents of our students read these guidelines and then sign the attached permission form. This will allow your child to be eligible to borrow the equipment. Of course, if you choose not to permit your child to do so that is fully understood.

Thank you for your time and continuing support. Please complete and return the form below.



Cut here and return in the enclosed envelope



Student's Name: _____
(Please print)

___ Yes, I agree with the Rental Agreement and give permission for my child to borrow the Upward Bound technology as needed.

___ No, I choose not to have my child borrow technology at this time.

Parent's Signature: _____

Date: _____

UPWARD BOUND PROGRAM SALEM UNIVERSITY

PUBLICITY RELEASE FORM

I hereby give permission for my son/daughter's name and/or photograph to be used for publication. I understand name and likeness may appear in several different places, as needed for program promotion efforts.

I understand that this signed statement gives the Upward Bound program at Salem University permission to use my son/daughter's name and picture unless further written notice is received in the future.

_____ I give permission for my child's photograph and /or name to be published in the following:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Summer Yearbook | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Upward Bound Web Page | <input type="checkbox"/> Television |
| <input type="checkbox"/> Public Promotional materials
(brochures, display boards, video) | <input type="checkbox"/> All |

_____ I do not give permission for my child's photograph and /or name to be published.

Student's Name _____
(Please Print)

Parent's Signature _____ Date _____

In addition, there are many times when some colleges, universities, or other educational agencies may ask us for basic information about your child. This would include name, address and phone number. Thank you.

- Yes, you may release this general directory information.
- No, do not release my child's directory information.

Parent's Signature _____

Address _____

Date _____

*This information will be released to colleges, universities, or other educational agencies only.

PARTICIPANT TRACKING CONTRACT

I agree that the Salem University Upward Bound program will be tracking me for up to six years after I complete or leave the program. I authorize the program staff to contact any institution of higher education that I attend to gather enrollment information about my attendance at those institutions. This includes use of the National Student Clearinghouse, a collection of enrollment information submitted to the Clearinghouse by most institutions in the United States.

Student Signature _____

Parent Signature _____

Student's Social Security Number _____ - _____ - _____

TO COMPLETE THIS FORM, PLEASE PRINT AND USE BLACK INK - SIGNATURE REQUIRED

MEDICAL HISTORY

STUDENT'S NAME _____

ADDRESS _____

BIRTHDATE _____ SEX _____ HEIGHT _____ WEIGHT _____

STUDENT HAS HAD CONDITIONS CHECKED BELOW:

- | | | |
|---|--|--|
| <input type="checkbox"/> allergy-food/drugs | <input type="checkbox"/> disease of bones/joints | <input type="checkbox"/> mononucleosis |
| <input type="checkbox"/> anemia | <input type="checkbox"/> disorder of nervous system | <input type="checkbox"/> paralysis |
| <input type="checkbox"/> arthritis/rheumatism | <input type="checkbox"/> dizziness/fainting | <input type="checkbox"/> pleurisy/lung disease |
| <input type="checkbox"/> asthma/bronchitis | <input type="checkbox"/> ear/nose/throat problems | <input type="checkbox"/> pneumonia |
| <input type="checkbox"/> back problems | <input type="checkbox"/> eczema/skin problems | <input type="checkbox"/> prostate problems |
| <input type="checkbox"/> blood pressure-high/low | <input type="checkbox"/> frequent anxiety/depression | <input type="checkbox"/> recurrent headache |
| <input type="checkbox"/> cancer | <input type="checkbox"/> gum/tooth problems | <input type="checkbox"/> rheumatic fever |
| <input type="checkbox"/> chicken pox | <input type="checkbox"/> heart disease | <input type="checkbox"/> sinusitis |
| <input type="checkbox"/> convulsions/epilepsy | <input type="checkbox"/> hernia | <input type="checkbox"/> tuberculosis |
| <input type="checkbox"/> cough (chronic) | <input type="checkbox"/> infectious hepatitis | <input type="checkbox"/> ulcer/intestinal problems |
| <input type="checkbox"/> cyst tumor | <input type="checkbox"/> insomnia | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> jaundice | <input type="checkbox"/> venereal disease |
| <input type="checkbox"/> diarrhea/constipation | <input type="checkbox"/> kidney/bladder problems | <input type="checkbox"/> weight loss/gain |
| <input type="checkbox"/> disease of blood vessels | <input type="checkbox"/> liver/gall bladder problems | |

EXPLAIN(dates, medications taken, etc.): _____

STUDENT HAS EXPERIENCED EVENTS CHECKED BELOW:

serious injury surgery hospitalization DATE OF LAST TETANUS SHOT: _____

EXPLAIN: _____

MEDICATION TAKEN REGULARLY (LIST DRUG NAME AND PURPOSE): _____

EXPLAIN ANY SPECIAL DIET PRESCRIBED BY PHYSICIAN: _____

LIST ANY PHYSICAL LIMITATIONS: _____

STUDENT'S PARENTS, BROTHERS OR SISTERS HAVE HAD CONDITIONS CHECKED BELOW:

- | | | |
|--|--|---|
| <input type="checkbox"/> asthma | <input type="checkbox"/> epilepsy | <input type="checkbox"/> mental illness |
| <input type="checkbox"/> blood pressure-high/low | <input type="checkbox"/> hearing disorders | <input type="checkbox"/> paralysis |
| <input type="checkbox"/> cancer | <input type="checkbox"/> heart trouble | <input type="checkbox"/> tuberculosis |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> kidney trouble | |

EXPLAIN: _____

FAMILY PHYSICIAN: _____

NAME

ADDRESS

TELEPHONE

I give my permission to any qualified physician, dentist, or other health professional to render any medical, dental, or nursing care deemed necessary while my son/daughter is participating in Upward Bound activities.

SIGNATURE OF PARENT/GUARDIAN (DHS must sign for student in foster care) _____ DATE _____

TELEPHONE NUMBER (HOME and CELL) _____ TELEPHONE NUMBER (WORK) _____

IN CASE OF EMERGENCY CONTACT: NAME - TELEPHONE NUMBER - RELATIONSHIP TO STUDENT
(ATTACH COPY OF INSURANCE)



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ACADEMIC YEAR CONTRACT (PARENT)

I HAVE RECEIVED AN UPWARD BOUND STUDENT HANDBOOK FOR THE ACADEMIC YEAR AND HAVE MET WITH AN UPWARD BOUND STAFF MEMBER TO REVIEW THE ENTIRE HANDBOOK. I UNDERSTAND MY CHILD'S RESPONSIBILITIES ARE AS FOLLOWS:

- TO MEET WITH THE UPWARD BOUND STAFF DURING THEIR VISITS TO MY CHILD'S HIGH SCHOOL.
- ATTEND ALL REQUIRED PROGRAMS, INCLUDING THE PROBATIONARY REQUIREMENTS: within the first 60 days, they must attend at least one after-school meeting per month and at least on Saturday Session.
- WORK DILIGENTLY TO ACHIEVE THEIR HIGHEST POSSIBLE ACADEMIC PERFORMANCE THROUGH ATTENDING SCHOOL REGULARLY, COMPLETEING ASSIGNMENTS, TAKING TESTS, PARTICIPATION IN CLASS DISCUSSIONS, AND FOLLOWING THROUGH WITH ANY INDIVIDUAL CONTRACTS SPECIFIC TO MY CHILD'S NEEDS, DEFICIENCIES AND STRENGTHS.
- EARN AND MAINTAIN AT LEAST (MINIMUM) "C" AVERAGE EACH SEMESTER IN EACH CLASS REQUIRED FOR COLLEGE ADMISSION.
- ATTEND THE SIX WEEK SUMMER SESSION.
- WORK DILIGENTLY TO EARN A MINIMUM 2.5 G.P.A. BY THE END OF THEIR SENIOR YEAR, FALL SEMESTER.
- FOLLOW GUIDELINES OF APPROPRIATE BEHAVIOR SIMILAR TO THOSE AT THEIR HIGH SCHOOL AND THOSE REFLECTED IN THE HANDBOOK.
- COMPLETE ALL FORMS AND TESTS NEEDED AND KEEP THE OFFICE INFORMED OF ANY CHANGES IN ADDRESS AND TELEPHONE NUMBER OR ACADEMIC STATUS.

I UNDERSTAND THAT IT IS IMPORTANT FOR MY CHILD TO FULLY PARTICIPATE IN UPWARD BOUND, INCLUDING THE SIX-WEEK SUMMER SESSION.

I UNDERSTAND THE GOALS AND OBJECTIVES OF THE UPWARD BOUND PROGRAM AND I ALSO UNDERSTAND MY ROLE IN HELPING MY CHILD PURSUE THOSE OBJECTIVES AND GOALS.

I UNDERSTAND THAT I CAN CONTACT THE UPWARD BOUND OFFICE REGARDING ANY QUESTIONS ABOUT MY CHILD'S PLANS FOR POST SECONDARY EDUCATION.

PARENT(S) SIGNATURE DATE

STAFF MEMBER'S SIGNATURE DATE



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FERPA Consent to Release Education and Employment Information

To Whom It May Concern:

I, _____ hereby authorize release of my educational and employment records to the Upward Bound Program at Salem International University, LLC. The type of information that is to be released under this consent form includes:

- Transcripts
- School Enrollment Status
- School Credits Completed
- Degrees Earned
- Employment Status
- Employment History
- Disciplinary Records
- Recommendations for employment or admissions to schools
- Other Information Related to Education and Work Performance

The above information is to be released for purposes of verifying placement and retention in college and/or employment and for Upward Bound staff to provide support with retention in college and employment. This information will only be shared with program staff and program funders. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I understand that I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to Upward Bound at Salem International University. I further understand that until this revocation is made, this consent shall remain in effect and my educational and employment records will continue to be provided to Upward Bound at Salem International University for the specific purpose described above.

Participant Name

Participant Signature

Participant Social Security Number

Parent Name and Signature

Staff Person Name and Signature

Date

E-MAIL AND COMPUTER USE POLICY

To maximize the benefits of its computer resources and minimize potential liability, Salem International University/Schiller International University has created this policy with regard to computer use and electronic messages. It applies to all university personnel and students. The university reserves the right to change this policy at any time as may be required under the circumstances. All computer users are obligated to use these resources responsibly, professionally, ethically, and lawfully.

You are given access to our computer networks to assist you in performing your job or completing your academic tasks. You should not have an expectation of privacy in anything you create, store, send, or receive on the computer system. The computer system belongs to Salem International University/Schiller International University and may only be used for business or academic purposes. Without prior notice, the University may review any material created, stored, sent, or received on its network or through the internet or any other computer network. The university can restrict access to any services and/or material that travels across its network at any time without prior notification.

Use of computer resources for any of the following activities is strictly prohibited:

- Allowing any other person or persons to use your account.
- Attempting to circumvent or alter any access control or security measure on local or remote systems or to create an exploitable entry point for unauthorized persons with or without intent.
- Sending, receiving, storing, creating, or otherwise disseminating material that is offensive or disruptive. Among those that are considered offensive are any messages that are sexually explicit, profane, obscene, harassing, fraudulent, racially offensive, defamatory, or otherwise offensively address someone's age, sexual orientation, religious or political beliefs, national origin, or disability.
- Sending, receiving, storing, creating, or otherwise disseminating commercial or personal advertisements, solicitations, promotions, destructive programs (that is, viruses or self-replicating code), political information, or any other non-job-related solicitations or unauthorized material.
- Wasting computer resources by, among other things, sending mass mailings or chain letters, spending excessive amounts of time on the internet, playing games, engaging in online chat groups, printing multiple copies of documents, printing excessively long internet documents, or otherwise creating unnecessary network traffic.
- Downloading, sharing or using software or media in violation of a licensed agreement or copyright.
- Violating any state, federal or international law
- **FILE SHARING UTILITIES ON THE UNIVERSITY NETWORK WILL NOT BE TOLERATED!**

If you become aware of someone using computer resources for any of these activities, you are obligated to report the incident immediately to your supervisor, Chief Information Officer or Systems Administrator.

Violations of this policy will be taken seriously and may result in disciplinary action, including possible employment termination or university expulsion, as well as civil and criminal liability.

The confidentiality of any message should not be assumed. Even when a message is erased, it is still possible to retrieve and read the message.

I have read and agree to comply with the terms of this policy.

Signature: _____

Date: _____

Printed Name: _____

Campus: _____

Email: _____

Technician Use Only

Student ID: _____

Account Name: _____