

Date Received _____

KANSAS STATE UNIVERSITY
GEAR UP I APPLICATION
201 Holton Hall
Manhattan, KS 66506
785-532-5380

Funded by the United States Department of Education.

FAMILY INFORMATION

Mother/Guardian's Name _____

Address _____

Home Phone _____ Work Phone _____

Father/Guardian's Name _____

Address _____

Home Phone _____ Work Phone _____

With whom does this applicant live? (Circle only ONE)

Both mother and father Mother only Father only Legal guardian Foster parents

(Relationship of guardian to applicant) _____

Has the applicant's father graduated from a four-year college? Yes ___ No ___

How many years of schooling has the applicant's father completed? _____

Has the applicant's mother graduated from a four-year college? Yes ___ No ___

How many years of schooling has the applicant's mother completed? _____

MEDICAL & HEALTH INFORMATION

The GEAR UP I Program requests the information below in order to respond quickly and efficiently in the event of a medical emergency during program activities.

Student's Name _____ Birth date _____

Is student covered by insurance? (This includes military and SRS card). YES ___ NO ___

If YES, please specify type: Insurance Company Name: _____

Policy Number: _____ Expiration Date: _____

Does student have any physical condition or handicap which requires special medical treatment, diet, or other consideration? YES ___ NO ___

If YES, please explain: _____

I authorize the GEAR UP Program to provide emergency medical treatment and other necessary medical services for my child during the entire period that he/she is enrolled in the GEAR UP Program.

Parent/Guardian's Signature

Signature Date

TRAVEL AUTHORIZATION

I give permission for _____ to go on all trips and to be involved in GEAR UP activities. I understand that he/she will be accompanied by adult staff members and all due care will be taken for his/her safety. I hereby release the GEAR UP Program and Kansas State University from liability for _____ during the program-sponsored activities involving travel.

Parent/Guardian's Signature

Signature Date

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize Junction City High School to release transcripts, grades, standardized test scores, and other related information to the Kansas State University GEAR UP Program. I understand that all information will be kept strictly confidential, and will not be transferred to any other person or agency.

Parent/Guardian's Signature

Signature Date

FAMILY INVOLVEMENT

Please check below the types of support the GEAR UP staff can expect from you.

- ___ assisting with fund-raising projects
- ___ assisting in the formation of a "Parent Club"
- ___ chaperoning sponsored out-of-town trips
- ___ tutoring students
- ___ working with the recreational program
- ___ sharing with students skills you have (sewing, macramé, woodworking, etc.)
- ___ working as an assistant in the GEAR UP office
- ___ other (please describe): _____

The best time for a GEAR UP staff member to visit with you would be:

Day of week: _____ Time: _____

I understand the goals, objectives, and requirements of GEAR UP, and I agree to support my child in fulfilling them. I further agree to meet with the GEAR UP staff and attend Parent Conferences when scheduled.

Parent/Guardian's Signature

Signature Date

RELEASE OF LIABILITY AND ACKNOWLEDGEMENT OF RISK

In consideration of my child, _____, being admitted to the Kansas State University GEAR UP Program and being permitted to participate in activities associated with the program, I, undersigned parent/guardian, in full recognition and appreciation of the dangers and hazards inherent in participating in the program, do hereby agree to assume all risks and responsibilities surrounding and pertaining to my child's participation in the GEAR UP Program and associated activities; and

Further, I do for myself, my child, and my personal representative(s), heirs and assigns, hereby agree to defend, hold harmless, indemnify, release and forever discharge the State of Kansas, Kansas State University, and the GEAR UP Program, their officers, agents, and employees from and against any and all claims, demands and actions, or causes of action, on account of damage to a personal property, personal injury or death which may result from any child's participation in said program and associated activities, whether or not such injury or damage or death was caused by their acts of negligence.

Also, I give permission for my dependent, _____, to participate in all activities sponsored by the GEAR UP Program and to travel in the vehicles provided by the program.

I understand that the drivers provided by the GEAR UP Program will be adult employees of the program.

I hereby release the GEAR UP Program from liability for _____ during travel to and from activities sponsored by the program.

In witness whereof, I have cause this assumption of risk and release to be executed this _____ day of _____, 20_____.

Date

Parent/Guardian

Date

Parent/Guardian