

Liberty Partnerships Program

BACKGROUND INFORMATION:

Liberty Partnerships Program Application for New Students (2021-22)



BACKGROUND INFORMATION:	DATE:
Student's Full Name:	DOB:
Street Address:	City, State, Zip:
Age:Grade Level:Identifies as: 🔲	Male 🔲 Female Allergies:
School:Co	unselor:
Does the student have a 504? 🔲 Yes 🔲 No	Does the student have an IEP? 🔲 Yes 🔲 No
Ethnicity: 🔲 Black/Non-Hispanic 🔲 White/Nor	n-Hispanic 🔲 Asian/Pacific Islander 🔲 Hispanic
🔲 Native American/Alaskan Native [Other:
Have you ever been a part of an LPP before?	es 🔲 No 🛛 Homeroom Teacher

Parent/Guardian Information:

Name/Relationship	Address	Contact Phone	Emergency Contact	Lives with Student
			Yes or No	Yes or No
			Yes or No	Yes or No
			Yes or No	Yes or No
			Yes or No	Yes or No

EMERGENCY CONTACT: Feel free to add any other emergency contacts in addition to those above.

Name/Relationship	Phone	Cell Phone

TO BE COMPLETED BY OUTREACH COORDINATOR & PARENT/GUARDIAN

Who should LPP communicate with regarding your child/student?

What is the best way to communicate with you – text(RemindMe), email, snail mail? EMAIL:______TEXT_____PHONE_____

Describe your child/student's personality.

Do you have suggestions for how best to connect with your child/student?

When you think about your child/student, what makes you proud?

In an academic setting, what do you see as your child/student's greatest strengths?

What are your child/student's greatest academic challenges?

What are some of your child/students's interests?

Is your child/student receiving support through outside agencies? Taking any medication?

What do you hope your child/student gains from participation in JCC LPP?

Is there anything else you can tell me about your child, at school or home, that you think would help us in supporting his/her school journey?

Would you like to be part of our Parent Advisory Boar	d, assisting with program direction and programming?
We will meet four times per year.	Yes 🔲 No 📘



Liberty Partnerships Program



Liberty Partnerships Program activities are designed to develop academic knowledge and skills to assist students in progress toward high school completion and successful future education and careers. Jamestown Community College and partnering school districts have expectations for student behavior that are based on the principles of civility, mutual respect, citizenship, character, tolerance, honesty, and integrity. The Code of Conduct complies with the Dignity for All Students Act.

Responsibilities of students participating in LPP sponsored events, trips, and activities:

• I will attend school every day unless legally excused. I will work to the best of my ability in all academic and extra-curricular pursuits and strive toward the highest level of achievement possible.

• I will behave so I do not distract from my own or others' benefit, including, but not limited to: no offensive or inappropriate language, no overt displays of affection, and no physical or verbal harassment of any kind upon any person or persons, whether student or adult.

• I will not discriminate or harass any student or employee, either with or without physical contact and/or by verbal threats, intimidation, or abuse. Such conduct shall include, but is not limited to, threats, intimidation, or abuse based on a person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practices, disability, sexual orientation, gender as defined in Education Law §11(6), or sex.

- I will accept responsibility for my actions.
- I will seek help in solving problems that might lead to conflict.

• I understand that as a representative of my school, I must abide by the Code of Conduct it has adopted while participating in LPP activities.

Student Name:	Signature:
Date:	
Parent/Guardian Name:	Signature
Date:	

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

I (parent/guardian)	give permission for (student
name)	to participate in the Liberty Partnerships Program.
I understand that this form	grants the Liberty Partnerships Program permission 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 are 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 (we) allow JCC LPP to use group pictures, videos, and write-ups on the JCC LLP website and publications that may include my son/daughter's image or name to show success of the JCC LPP.

I (student name)______have read and been provided a copy of my Liberty Partnerships Program's Code of Conduct and will abide by all rules and requirements within it while participating in all Liberty Partnerships activities on school property or while attending all off site activities.

I (student name)______ understand that belonging to the Liberty Partnerships Program carries with it a commitment of time and hard work. I will fully commit to putting forth my best effort so that I can reach my fullest potential as a student.

Student Signature:	Date
Parent/Guardian Signature:	Date
This form must be signed by at least one parent/guardiar	who is legally responsible for the child.
Office Use Only	
Reviewed by:	Date//
LPP Navigator Name LPP N	lavigator Signature
Eligibility Factors (circle all that apply): 1 2 3 4 5 6	5 7 8 9 10 11 12 Accepted
Denied Wait List	
Signature (Program Director):	Date//