



SummerLink 2012 Application

Name of Student _____

Address _____

Home Phone _____

Parent/Guardian _____

Address if different _____

Phone numbers: Daytime _____ Evening _____

STUDENT AGREEMENT

I _____ ,

Student Name Please Print

am interested in being a participant in the CVU *SummerLink* program which will run from July 2-3, 9-12, 16-19, 23-26, July 30-Aug 1, 2012. I understand **full attendance** at the program is mandatory and is necessary to earn credit. Also, in order to receive credit, I am committed to completing the daily activities from 8:30 AM to 1:30 PM along with participation in **all** field trips.

Student Signature _____

*****Complete survey on next page*****

PARENT AGREEMENT

I/We _____ ,

Parent Name(s) Please Print

understand the commitment described above and expect our student to participate each day of the program. We will make our very best effort to support him/her.

Signature of parent/guardian _____

*****Complete Emergency Info on last page*****

I am Here to Earn Credit in...



Underline only three (3) of the following subjects I am interested in earning credit in this summer. This does not have to be your final choice, just your best guess as of today. This will help us plan better. Your next best guess will be made the first week of SummerLink. Final choice will be made last week of SummerLink.

English Math Science Social Studies

Circle your answer to....

Yes No I will respect everyone's decision to participate at SummerLink.

Yes No I will commit to the SummerLink schedule.

Yes No I will respect myself, others, and all property.

Yes No I will contribute to the quality of our school community.

Yes No I will follow all rules for a CVU high school student.

Please explain each No with a brief statement.

Rate your reaction to....

Disagree Agree

1 2 3 4 5 I will improve as a learner.

1 2 3 4 5 I will contribute intelligent comments.

1 2 3 4 5 I will demonstrate respect through my actions.

1 2 3 4 5 I will budget my time on educational goals.

1 2 3 4 5 I will organize my work on a daily basis.

1 2 3 4 5 I will contribute my opinions.

1 2 3 4 5 I will maintain a healthy & efficient community.

CVU SUMMER PROGRAM: CONSENT FORM

EMERGENCY HEALTH INFORMATION

STUDENT & GUARDIAN NAMES
EMERGENCY PHONE
STUDENT'S PHYSICIAN
PHYSICIAN'S PHONE
INSURANCE COMPANY
POLICY #
LAST TETANUS SHOT ON
LIST OF ALLERGIES
ADDITIONAL COMMENTS (attach additional page if needed)
Should it become necessary for my child's program director or other CVU official supervisor to get medical treatment and I cannot be reached, I authorize such treatment to be performed. I have verified all the names, numbers, and policies listed on the Emergency Information form are current and reliable. Signature of parent/guardian: _____ Date: _____

TRANSPORTATION CONSENT I hereby give permission for my son/daughter/ward to travel by a Chittenden South Supervisory Union staff member's bus/vehicle to pickup or deliver a student home on occasion. Signature of parent/guardian: _____ Date: _____

PUBLICITY RELEASE I give permission to Chittenden South Supervisory Union to use my son/daughter/ward's name or photo in local newspapers, school newsletters or video/photo/slide productions. Signature of parent/guardian: _____ Date: _____

CONSENT STATEMENT I, _____ (student name) understand CVU will be a safe place for all participants and that the use of any form of tobacco, alcohol, drugs, illegal substances of any kind, or perceived dangerous uses of any materials are not acceptable. I understand the staff has a zero tolerance policy.

Furthermore, I understand every person must feel safe in order to learn. I will be able to respect myself, others, and the property in order to promote a safe learning environment. Negative physical behaviors are not acceptable. I understand taking full responsibility for my actions is expected.

Student signature: _____ Date: _____

I hereby give permission to said son, daughter, or ward to participated in CVU Summer Programs based on the Consent Statement listed above.

Parent signature: _____ Date: _____