



AC College Bound Program

Dear Guardian,

Thank you for your interest in the Stockton University- AC College Bound Program. AC College Bound Program is designed to encourage, support and help improve students' school performance by providing mentoring, tutoring, test prep, counseling, college preparation and visits, and cultural trips for students in grades 7th- 12th students. Parent Workshops are also part of this program. College Bound is funded by New Jersey , Office of the Secretary of Higher Education (OSHE), which requires documentation to prove eligibility. All pages must be completed and submitted to your child's **school counseling** office by **February 8th, 2019 or emailed to destiny.talley@stockton.edu.**

Any incomplete applications will not be considered.

Use the checklist below to ensure a complete application.

- Page 2—**Application Information** - *Must be signed and dated*
- Page 3 – **Family Information**
- Page 4 – **Essay**
- Page 5 – **Student Record Release & Parent Consent**
- Page 6 – **Emergency Contact**
- Page 7 & 8- **Rules Regulation / Oath**
- Page 9- **School Counselor Recommendation**
- Page 10- **Teacher Recommendation**

All information is confidential and will be submitted by the teacher and/or school counselor to the School Counselor's Office. The recommendations will be added to the application once the completed student application is submitted. **In compliance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) as amended, personal information may not be released to a third party without written permission. All information will be kept confidential.**

Once all information is received, someone will contact you and your son/daughter concerning the application status.

All completed applications can be submitted to the School *Counseling office or mailed to:*

**Stockton University- Atlantic City Campus
AC College Bound- Suite 327 G
3711 Atlantic City Ave.
Atlantic City, NJ 08401**



AC College Bound Program

AC College Bound Record Release Form

APPLICANT INFORMATION

Applicant's Legal Name _____
First Middle Last

Sex: M F

Address: _____
Street City/State Zip Code

Home Phone #: _____ Date of Birth: ____/____/____

Age: _____ Place of Birth: _____

Social Security #: _____ - _____ - _____
(REQUIRED)

Email Address: _____@_____.

Are you a U.S. Citizen? Yes No Years lived in NJ _____ Current Grade: _____

Are you of Hispanic origin? No Yes Please check one: Puerto Rica Mexican
 Dominican Cuban Central/South American Other: _____

Race: American Indian/Alaska Native African-American Native Hawaiian/Pacific Islander
 White, Anglo Caucasian Asian Other: _____

Current School: _____

Upon graduation from high school do you plan to attend college? Yes No

Print Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date



AC College Bound Program

FAMILY INFORMATION

Print Mother's Name: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____ Employer: _____

Print Father's Name: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____ Employer: _____

Student lives with: Both Parents Mother Father Mother & Step-parent
 Father & Step-parent Grandparent Aunt or Uncle
 Legal Guardian Other

Please check Highest Level of Education of:

	8th Grade	Some High School	Completed High School	GED	Some College	Associate Degree	Bachelors Degree	Masters Degree	Doctorate Degree
Mother									
Father									

Total Taxable Family Income (Required): \$ _____
 (1040 Line 43, 1040A Line 27, 1040EZ Line 6-For previous calendar year) (For statistical purposes only)

Family Size: _____

Does/did any relative participate in the GEAR UP Program? Yes No

If yes, please provide name: _____

I consent to my son/daughter's CHAMP/GEAR UP application and authorize release of all necessary information, including grades and test scores. I attest that these statements contained in this document are accurate and true to the best of my knowledge.

 Print Parent/Guardian Name

 Parent/Guardian Signature Date



AC College Bound Program

Student Records Release Form

I give consent to my son/daughter participation in the AC College Bound Program and authorize release of any and all records including standardized test scores and attendance records to Stockton University- AC College Bound Program:

Print Applicant's Name

Applicant's Signature Date

Print Parent/Guardian Name

Parent/Guardian Signature Date

AUTHORIZATION TO BE PHOTOGRAPHED and/or FILMED

I hereby give permission for myself/my child to be photographed, filmed, and/or interviewed by television, newspaper, and/or other designated media arranged by Stockton University for the purpose of promoting the AC College Bound Program. I agree to the use of my/my child's image, likeness, photograph(s), videotape and/or film recording of my/my child's voice, conversation and sounds during and in connection with College Bound's programs and/or sponsored events. The College Bound Program has permission to use my/my child's image in perpetuity and in all media now and hereafter devised.

I further acknowledge that I have read this release and I will indemnify AC College Bound and Stockton University against any and all claims, liability and expense with respect to the above agreement.

ACTIVITY, TRIP, AND TRANSPORTATION RELEASE

As either the parent or legal guardian of _____, permission is granted for my child to attend and participate in all activities and field trips under the guidance and direction of AC College Bound staff. I am aware that this release form must be signed below, in order for my child to board a bus or participate in the AC College Bound Program.

I am aware that in registering myself or my minor child for participation in the AC College Bound Program, I will be waiving and releasing all claims for injuries I or myself might sustain arising out of the participation and transportation to and from AC College Bound sponsored events.

I consent to my son/daughter's AC College Bound application and agree to the above authorization, release, and participation.

Print Applicant's Name

Applicant's signature Date

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian Date



AC College Bound Program

EMERGENCY RELEASE FORM

1st Emergency Contact Person: _____

Phone Number: _____

Relationship to Student: _____

2nd Emergency Contact Person: _____

Phone Number: _____

Relationship to Student: _____

1. Please check off any medical condition the student has been or is subject to?

- Asthma
- Diabetes
- Fainting Spells
- High/Low Blood Pressure
- Contact Lenses/Glasses
- Hearing Problems
- Allergy or reaction to any medication, food, plants, animals, etc.
 - o Explain: _____

2. Any other condition that may require emergency or special care, medication, or knowledge?

Yes No
Explain: _____

3. Student is restricted from participation in:

Hiking, Camping
Competitive sports
Water Sports
Other: Explain: _____

To the best of my knowledge, the information give above is correct and complete. I know of no reason to restrict the applicant's involvement and I give my permission for participation in all activities except those I have specifically stated. In the event that I cannot be reached in an emergency, I give my permission to the physicians, selected by the program director, to hospitalize and/or secure proper treatment for my child.

Parent Signature)

Date



AC College Bound Program

AC College Bound "RULES AND REGULATIONS"

1. PARTICIPATION IN SATURDAY INSTRUCTIONAL CLASSES AND COLLEGE TRIPS/ EDUCATIONAL ACTIVITIES ARE **MANDATORY**
2. WE ARE SCHOLARS SO WE ACT ACCORDINGLY,
 - a. FIGHTING WILL **NOT** BE TOLERATED **ANYWHERE** OR **ANYTIME**
 - b. **NO** PROFANITY
5. FOOD AND DRINKS ARE ONLY ALLOWED IN THE CAFETERIA
6. **NO** CHEWING GUM IN CLASS
7. **ABSOLUTELY NO** CLOTHING THAT IS REVEALING (halter tops, shorts or skirts that are higher than the length of the arm at one's side, mid-drifts, belly-exposing tops, see-through clothing, etc...) **NO** wave caps should be worn throughout the day. **ABSOLUTELY NO** CLOTHING THAT HAS OFFENSIVE/OBSCENE MESSAGES ON IT
8. **NO** SMOKING
9. EXCESSIVE JEWELRY IS **NOT PERMITTED**
10. **NO** AUDI/VISUAL EQUIPMENT (radios, walkmans, hand-held televisions, hand-held recorders, etc.) ALLOWED IN CLASS
11. **NO CELLULAR PHONES** are allowed. If you bring a cell phone, staff is not responsible if it is misplaced, stolen, or broken.
12. **ABSOLUTELY NO WEAPONS OF ANY KIND** (pocket or plastic knives, razor blades, box cutters, guns, sling shots, etc.) or any other device that can be used to inflict bodily harm.
13. WATER GUNS, WATER BALLOONS OR ANY DEVICE USED TO SPRAY WATER ARE **NOT ALLOWED**
14. **RESPECT OF ELDERS AND PEERS IS MANDATORY**
15. BULLYING, TEASING OR TAUNTING OF STUDENTS WILL **NOT BE PERMITTED**
16. ALL ASSIGNMENTS GIVEN, MUST BE COMPLETED.

AC College Bound is here to make your year enjoyable and educational. Let's remember that we must treat others the way we would like to be treated. If we remember this, our Academic year will be a lot more enjoyable.

I have read the above rules and regulations. I understand that if I violate any of these rules, FIRST, I will be informed of my violation, the SECOND time my parents will be contacted, and on the THIRD offense I may be terminated from the program.



AC College Bound Program

TEACHER RECOMMENDATION (To be completed by student's teacher)

Applicant's Name: _____

1. I have known the applicant for:
 - Less than one year
 - One to two years
 - More than two years
2. How are this applicant's academic work habits?
 - Needs additional preparation and study time
 - Good working habits
 - Shows potential for more advanced study
3. How is the attitude and behavior of this applicant? (Check all that apply)
 - Displays interest
 - Constant tardiness
 - Disruptive in class
 - Has positive sense of self
 - More effort needed
 - Accepts criticism
 - Poor attendance
 - Assumes responsibility

4. Please evaluate the applicant on each characteristic by checking the appropriate rating

	No basis for Judgement	Below Average	Average	Above Average
Has a foundation in basic skills				
Completes Assignments				
Intellectual Ability				
Creativity/Ingenuity				
Grasps fundamental ideas/concepts				
Oral Expression				
Cooperation				
Classroom Attendance				

5. Relative to most applicants at his/her level, I consider the above applicant:
- Below Average
 Average
 Above Average
- I recommend this student: With reservation
 Fairly strongly
 Strongly
 Enthusiastically

Additional Comments:

Teacher Print Name

Teacher Signature

Date