



SUNY Onondaga Community College Liberty Partnerships Program
Student Application Sheet (Syracuse City School District: PSLA at Fowler) 2019-2020
(Please Print Neatly)

Student: _____ **Student ID#:** _____ **Current Grade Level:** _____

Address: _____ **Home Phone:** _____

Cell Phone: _____ **Age:** ____ **D.O.B:** ____/____/____ **Gender:** _____

Ethnicity (circle one): 1. Black (non-Hispanic) 2. Hispanic 3. White (non-Hispanic)
4. Native American/Alaskan Native 5. Asian/Pacific Islander 6. Other

Are you currently enrolled in Syracuse University's LPP or LeMoyne College's LPP? Yes ____ No ____

Parent/Guardian(s) name: _____ **Parent Home Phone:** _____

Parent Address: _____ **Parent Cell Phone:** _____

Emergency Contact Name: _____ **Relationship to student:** _____ **Phone:** _____

Student Release of Academic Records:

I, _____ (parent name) as the parent/guardian of _____ (student name) consent and grant permission for my student to participate in the SUNY Onondaga Community College Liberty Partnerships Program (LPP) at PSLA at Fowler. In addition, I grant PSLA at Fowler/SCSD the ability to release and share all necessary student records and documentation with SUNY OCC's LPP for my student which may include: all progress reports, report cards, IEPs, testing reports, discipline records, attendance records, school ID numbers and/or ID cards, social security numbers, medical records and any other documentation needed to effectively support the academic, social, emotional, college readiness and career development. I understand that these records will be kept in a secure area and will be seen only by designated SUNY OCC LPP staff and documented program partners in accordance with the guidelines established by the New York State Education Department. As a result of my student participating in SUNY OCC's LPP, I understand my student is not eligible to participate in the Syracuse University LPP or LeMoyne LPP while enrolled as a high school student.

Signed *: _____ **Date:** _____

Media Release Permission (please check one): YES ☐ NO ☐ - Permission given for my child's picture to be used for the purposes of media releases (newspapers, web pages, flyers, brochures, television, etc.)

Signed *: _____ **Date:** _____

Signature of Parent/Guardian*

Date:

Signature of Student

Date:

***The signature of at least ONE parent/guardian, who is legally responsible for the child, is REQUIRED on this form prior to the participation of the student in any LPP event or activity. Please make sure the form is completed before returning.**

For LPP Staff Use Only: Received by: _____ (Initials) Date: _____ Anticipated Graduation Year: _____