



EXCEL Camp Application

June 17th to July 15th, 2015

Student Enrollment Information

Last Name: _____ Middle Initial ____ First Name: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

School: _____ District: _____ Grade: _____ Gender: _____

Telephone Number: (____) ____ - ____ Student Email: _____

Birth Date: _____ Social Security Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: (____) ____ - ____

Parent/Guardian Email: _____

Emergency Contacts (2 Required)

Name: _____ Phone: _____

Relationship to Applicant: _____

Name: _____ Phone: _____

Relationship to Applicant: _____

EXCEL Camp Strands

Please check which strand you are interested in attending:

Construction

Culinary Arts

First Responder*

*If you choose First Responder, please check whether you are ETT Certified: _____
Yes No

If Yes, when did you receive your ETT Certification? _____

Driver's Education

Are you interested in taking **Drivers' Education** while attending the camp? _____
Yes No

If yes, please check which of these you wish to obtain: _____
Learner's Permit Driver's License

If yes, we'll need you to bring in a State ID or original Birth Certificate and Social Security Card. If you're under 18 and are interested in taking Drivers' Education, two notarized DMV forms will be needed. You can download those forms from our website at www.voyagetoexcellence.com.

Student Essay Questions

Short Answer -

What activities do you participate in during your free time?

What jobs have you had (paid and/or unpaid) – What were your responsibilities?

What job would you like after graduation?

List one goal you have for your future.

What do you think will be your greatest challenge in coming to EXCEL Camp?

Teacher Recommendation

Recommending Teacher's Name _____

Student's Name _____ School _____ Grade _____

How long have you known this student?

How can a VTE phase assist the student in developing skills for school and work?

Describe the student. What motivates this student?

What can VTE work on with this student?

Teacher signature

Date

Application Parent Supplement

Completed at Site (by parent only)

Date: _____ Parent's Name: _____

1. Tell us a little about this particular student! We'd like "rapport boosters" (interests, personal values or goals) and suggestions about how to make material relevant for this student.

2. What can the staff do at Voyage to Excellence to help this student, or to ensure we're effective?

3. Are there any additional challenges or issues of which we should be aware?

4. Students and staff will have their photos taken as they participate in the Phase activities. These photos could be used in our newsletter, or published on the VTE Facebook page. Please check the boxes below if you agree/disagree to these statements:

I grant permission for my child's **name** to be published. Yes:____ No:____

I grant permission for my child's **photo** to be published. Yes:____ No:____

Voyage to Excellence Student & Parent Travel Agreement

Student's Name _____
(Print) Last First

As a participant of a CSD VTE-sponsored activity requiring travel, I agree to the following:

1. Student will represent the District in a mature, responsible manner at all times.
2. Student will not use or be in possession of drugs, tobacco (in any form), or alcohol at any time during the trip.
3. Student will stay with the group/chaperone at all times, unless special permission is received.
4. During VTE activities there will be appropriate times when students are not in the direct supervision of VTE Staff.
5. Student understands that all school rules, eligibility criteria, discipline, conduct rules, etc., apply during any student travel sponsored or approved by the District.
6. The Participant wishes to be released from liability to any other participants, faculty members or instructors of the Chugach School District arising out of acts or events which occur during the course of preparing for or participating in school travel/field trip programs and, accordingly, willing to release the other participants, faculty members or instructors of Chugach School District from such liability. The Participant agrees to release and hold harmless the Chugach School District, its staff, faculty, instructors and students.
7. I (parent or guardian) understand my son/daughter may participate in audio and/or video recording and photography that may become part of materials or products that could be used by the Chugach School District or shared with other school districts and business partners.

I give permission

I do NOT give permission

By signing below, I am agreeing to the above terms and conditions.

Student Signature: _____ **Date:** _____

By signing below, I am agreeing to the above terms and giving my permission for my student to participate in the CSD VTE-sponsored activity requiring travel. Further, I understand that my child may be sent home from any trip if he/she violates any rules or policies under the CSD Student Handbook, and that I am responsible for the cost of his/her return.

Parent/Guardian Signature: _____ **Date:** _____

Medical Permission/Release

By signing below, I am giving my permission for my student to obtain medical care in the event that such care is necessary. If possible, the parent(s) or guardian will be contacted in the event of an emergency. Permission is hereby granted to a licensed physician or accredited hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the treatment of the above named individual. The disclosure of health information within the school is limited to information necessary to serve the student's health and education interests. Your *voluntary* agreement gives permission for the school to inform school staff of precautions and procedures necessary to protect your child at school and foster academic success and gives permission for the school to inform medical staff of precautions and procedures necessary to protect your child in the event medical treatment is required.

Brief Medical History:

Your student's health history is important to provide the best care at school. It is the responsibility of the parent /guardian to notify the school of new or existing health concerns. If your student is prescribed medication or requires a treatment at school, it is the responsibility of the parent or guardian to notify the school and provide the medication or necessary equipment for use at school.

History of Asthma: **No** **Yes**

If yes, does the student have / use an Albuterol Inhaler? _____

When was student's last attack? _____

What triggers attacks? _____

Allergies: Foods (list):

Medications (list):

Latex Type I (anaphylaxis) Type IV (contact dermatitis)

Stinging Insects (list):

Other (list):

Any other important health information:

Primary Healthcare Provider: _____ **Preferred Hospital:** _____

Health Insurance Information:

Company or Organization: _____

Name of Policy Holder: _____

Policy or Contract Number: _____

Parent/Guardian Signature: _____ **Date:** _____

Telephone (home) _____ Telephone (work) _____

Emergency Contact Name & Phone: _____

MEDICATION REQUEST

FOR: PRESCRIPTION MEDS, EMERGENCY MEDS, INHALERS, & OVER THE COUNTER MEDs

Voyage to Excellence Staff will assist students with medications. The medication must be delivered in a labeled pharmacy container with the student name.

ONLY CURRENT PRESCRIPTIONS WILL BE ADMINISTERED. (Must include over the counter medications such as Ibuprofen, Tylenol, etc.)

Please list all medications student is bringing with them to the phase:

Medication Name	Daily Dosage		Time to be given		Begin Date	End Date	Possible Side Effects
	AM	PM	AM	PM			

Please list any additional medication or student health information VTE Staff should be aware of:

Student Expectations

To be reviewed, understood, and signed by all participants.

Voyage to Excellence BEHAVIORS AND EXPECTATIONS:

You are representatives and ambassadors for your schools, teachers, families, selves, and communities. You are expected to conduct yourself in a responsible and mature manner at all times. We strive for excellence at VTE and expect excellence from each participant. Be ready to give 100%!

VISITATION/SHOPPING:

VTE activities are extensions of the classroom; these activities are where a student can complete a tremendous amount of standards in very little time. It is not a time to go shopping and visit relatives.

FACILITY MAINTENANCE:

Students are expected to make their beds every morning. House chore assignments will be selected/assigned and are mandatory. Clean up after yourself in all areas. All meals are to be prepared and eaten at the Voyage to Excellence facility. Furniture/Equipment – We need to treat it with care. Report any damage to a staff member immediately.

CHANGING ROOMS /QUIET HOURS

Room assignments do not change. Students need to be in their rooms by **10:00 pm**. **Students must have lights out at 10:30 pm**, and be quiet and in their beds.

THEFT

Unfortunately, the loss of money or personal property due to theft is a threat. VTE is not responsible for replacing lost or stolen valuables. Please leave valuables at home.

NON-NEGOTIABLES:

- The consumption or possession of alcoholic beverages, tobacco products, and controlled substances
- Not informing a staff member of your whereabouts
- Inappropriate use of the internet, computers, cell phones or other electronic devices
- Leaving your room at night for non-emergency situations
- Disrespecting students, staff or the facilities
- Refusing to turn in personal computer and cell phone when asked
- Purposely destroying VTE property, breaking things, writing on furniture, etc.
- Body piercing, hair dyeing, tattoos, etc. during VTE activities
- Bringing weapons to VTE activities, including any kind of knife, etc.
- PDA's – Public Displays of Affection

PERSONAL PHONE USAGE:

Phone usage will be limited to evenings. Phone calls made on VTE facility phones will need to be under ten minutes and limited to one call per evening.

MEDICATION:

All medications, including over-the-counter medications such as Tylenol or Ibuprofen, need to be given to the VTE staff at check-in. Medications will be logged and administered by the staff.

I have read and understand these rules and agree to abide by them. **I also understand that willful violation of these rules may result in my immediate dismissal from the program and expedited return home at my parent or guardian's expense.** I also understand I may be subject to further discipline as outlined under my School District's Student Policy.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



Visitation Permission Form

Voyage to Excellence – EXCEL Camp

ON-CAMPUS VISITS ONLY DURING SCHEDULED VISITATION HOURS

Scheduled on-campus visitation occurs daily (times TBD) Sunday through Thursday. All visitors must:

- Sign in and be on the student’s visitation permission form.
- Show identification
- Stay within the set EXCEL Camp boundaries (campus boundaries)
- Not go into dorm rooms or private places (lounges are OK)

WEEKEND CHECK-OUTS ARE LIMITED TO FAMILY MEMBERS (21 YEARS OR OLDER) ONLY

Weekend check-outs may start at 5:00pm on Friday. Students must arrive back on campus and signed in by 5:00pm on Sunday. In order to be checked-out the visitor must:

- Be Listed on the Visitation Permission Form as OK for Weekend check-outs
- Be a mother, father, guardian, brother, sister, aunt, or uncle
- Be 21 years of age or older
- Be Physically present when picking up the students (ie. sending a sister or brother to check them out for an aunt is not allowed).
- Show identification (AK Driver’s license, etc.)

Parent/Guardian Agreement:

I, _____, hereby give permission for the following adults
Print Parent/Legal Guardian Name
 21 years or older, to visit my son/daughter _____
Print Student Name

during EXCEL Camp. I have read the EXCEL visitation policy and support this process for allowing our friends and/or relatives to visit my child during the program.

Parent/Legal Guardian Signature

Date

Student Agreement:

I, _____ agree that I would like the following friends
Print Student Name
 and family members to be able to visit with me this summer while I attend EXCEL Camp. I have read the visitation policy and agree to abide by this policy while attending EXCEL Camp.

Student Signature

Date

FRIEND/FAMILY MEMBER NAME

On Campus

Weekend

- | | | |
|----------|----------------------|----------------------|
| 1. _____ | _____ YES / _____ NO | _____ YES / _____ NO |
| 2. _____ | _____ YES / _____ NO | _____ YES / _____ NO |
| 3. _____ | _____ YES / _____ NO | _____ YES / _____ NO |
| 4. _____ | _____ YES / _____ NO | _____ YES / _____ NO |
| 5. _____ | _____ YES / _____ NO | _____ YES / _____ NO |