

SUNY ONEONTA MIGRANT LEADERSHIP ACADEMY Student Application

STUDENT INFORMATION					
Last Name		First		T-Shirt Size	
Street Address				Apt/Unit #	
City		State		ZIP	
Phone		School Counselor's Name			
Grade		School Counselor's email address			
Mother's Name			Father's Name		
Mother's Phone #(s)			Father's Phone #(s)		
In case of emergency, I give permission for either of the following people to be contacted:					
Name		Phone		Relationship	
Name		Phone		Relationship	
REQUIRED STUDENT HEALTH CONCERNS: ARE YOU TAKING ANY MEDICATIONS? IF YES, WRITE NAME AND DOSAGE. ANY ALLERGIES? ANY OTHER HEALTH CONCERNS?					
REQUIRED STUDENT EDUCATIONAL CONCERNS: RETENTION, 504 OR IEP ACCOMMODATIONS, LANGUAGE DOMINANCE.					

1. Attendance permission: I hereby give my permission for my child to attend the classes and participate in the scheduled activities.
2. Field trip permission: I give permission for my child to attend field trips.
3. I hereby authorize the New York State Migrant Education Program to publish/print my child's schoolwork, photographs of my child, video recordings of my child, and/or interviews on the internet and in various publications for educational and informational purposes. I further understand that these photographs and video recordings will depict my child and other students engaged in different educational activities and that these materials will be reviewed by staff to determine its relevance based on purpose, appropriateness, and audience prior to use.

 Parent/Guardian
 Signature

Date

 Migrant Educator
 Signature

Migrant Educator Name/METS