



Schenectady County Community College's Liberty Partnerships Program (LPP) Application



Please note student assessments and PLPs must be completed prior to any student receiving services.

Student Name: _____ Date of Birth: _____

Street Address: _____ Gender: M [] F []

City, State, Zip: _____ Age: _____

Grade: _____ School: _____

New York State Student Id Number (NYSSIS #): _____ NYS Resident: Y [] N []

Ethnicity: [] Hispanic or Latino Does your child have an IEP: [] Yes [] No 504 plan: [] Yes [] No [] Not Hispanic or Latino

Race (check as many that apply): [] American Indian or Native Alaskan [] Asian [] Black or African American [] Native Hawaiian or other Pacific Islander [] White [] Other

Student lives with: _____

Mother's Name _____ Email _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Father's Name _____ Email _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

- OR -

Guardian's Name _____ Email _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT (provide two names in the spaces below):

***Must be 18 years of age or over

Emergency Contact #1: _____ Relationship to student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact #2: _____ Relationship to student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Authorization for Participation & Access to Student Records:

By signing this form the student and parent/guardian agree to the following:

I (parent/guardian) _____ give permission for (student name) _____ to participate in the Liberty Partnerships Program. I understand that this form grants the Liberty Partnerships Program permission for the following:

Obtaining and reviewing, certain confidential educational record (s), information, or data that may be protected under State and Federal law including, but not limited to, the Family Educational Rights and Privacy Act and New York State Education Law §2-d which includes but are not limited to report cards, transcripts, attendance records, discipline referrals and college acceptance letters.

Utilizing such confidential educational record (s) in planning appropriate support services for my son/daughter. I (we) understand that all information obtained will remain confidential.

I (we) also give permission for my child to complete a social-emotional assessment to further provide information to the LPP staff about needed services.

I (we) also give permission for our son/daughter to participate in program related activities. Offsite activities will require a signed permission slip.

I allow SCCC to use group pictures, videos, and write-ups on our website and newsletter that may include my student's image or name to show the success of the LPP Program: Yes No

For middle school students only:

I will pick my student up at their middle school after program -or- My child has my permission to walk home from their middle school

I (student name) _____ have read and been provided a copy of my Liberty Partnership Program's Code of Conduct (**last page of application**) and will abide by all rules and requirements within it while participating in all Liberty Partnership activities on school property and while attending all off site activities.

I (student name) _____ understand that belonging to the Liberty Partnership Program carries with it a commitment of time and hard work. I will fully commit to putting forth my best effort so that I can reach my fullest potential as a student.

Student Signature: _____ **Date** ___/___/_____

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

This form must be signed by at least one parent/guardian who is legally responsible for the child.

Please answer the following questions:

The program may contact me to be an LPP Parent Volunteer (for field trips, etc.) or for LPP Parent Educational Workshops to be held at SCCC. Yes No

Is there anything you feel you need to share with the LPP staff that may be important information for us to know?

My child has been identified as having the following conditions (i.e. learning disability, mental health diagnosis, etc.):

My child has been or is currently working with the following outside providers (i.e. Child Guidance):

My child has the following allergies:

Doctor's Name: _____ Phone Number: _____

Please return your completed application to your guidance counselor. You may also send it directly to the LPP office by mail, fax or email.

Liberty Partnerships Program
Schenectady County Community College
78 Washington Avenue, Elston 211
Schenectady, NY 12305
518-381-1364 (Office Phone)
518-381-1456 (Fax)
russoac@sunysccc.edu

Office Use Only:

Reviewed by: _____
Eligibility Factors (circle all that apply): 1 2 3 4 5 6 7 8 9 10 11 12 ____
Accepted [] Denied [] Wait List []
Start Date: ___/___/___
Parent Contact: _____
Added to MailChimp: _____
Internal Database: _____
State Database: _____
File Created: _____
Director's Signature: _____ Date: ___/___/___

LPP Code of Conduct

(This form should be signed by the student and the parent/guardian and returned with your completed application)

Liberty Partnerships Program at Schenectady County Community College seeks to offer students a safe environment that enriches the educational, physical, and social development of each student. In order to provide a productive learning environment to all students, participants must observe the program's Code of Conduct. Participation may be denied at the discretion of the LPP staff if individuals do not comply with these standards of behavior. **YOU ARE EXPECTED TO:**

- ✓ Observe the Schenectady City School District, Schenectady YMCA and the SCCC Codes of Conduct.
- ✓ Attend the program regularly as scheduled.
- ✓ Always strive to do your best.
- ✓ Respect all school and program property.
- ✓ Demonstrate courtesy.
- ✓ Conduct yourself in a responsible and respectable manner.
- ✓ Observe safety procedures at all times.
- ✓ Leave school premises on time at the end of program activities.

LPP is committed to your **SUCCESS**, therefore you can expect us to address you when they observe any of the following behaviors (**THIS IS NOT A COMPLETE LIST**):

- Teasing/bullying ● Being disruptive ● Dishonesty ● Using inappropriate language
- Being unsafe ● Disrespectful Behavior ● Non-participation
- Damaging property ● Cell phone use during undesignated time ● Poor attendance

Liberty Partnerships Program will address any infraction of this policy with the following consequences:

- 1st Offense:** —> Student will receive a verbal warning
- 2nd Offense:** —> Written warning and phone call to parent/guardian
- 3rd Offense:** —> Meeting with the Director and behavior plan developed

MAJOR OFFENSE CLAUSE: The following behaviors will result in immediate dismissal from the program until further notice and require a meeting with the director, parent/guardian and school district representative.

- **Physically fighting** - Using any part of your body or object to physically harm someone else.
- **Weapons** - The use or threat of any object as a weapon.
- **Vandalism** - Intentionally damaging property that belongs to someone else.
- **Theft** – The act of taking and carrying away property that does not belong to you.

In accordance with the Dignity for All Students Act:

“No student shall be subjected to harassment by employees or students on school property or at a school function; nor shall any student be subjected to discrimination based on a person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practices, disability, sexual orientation, gender (including gender identity or expression), or sex by school employees or students on school property or at a school function.”

I, _____, agree to follow the LPP Code of Conduct.
Student's name

LPP Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Director's Signature: _____ Date: _____