



# Application for Re-Entry



## Easy, 4-Step Application Process

- 1 You, the student, complete Section 1, Student Information. Answer each question completely and honestly. Please print neatly.
- 2 Your parent or legal guardian completes Section 2, Parent Information. If they have any questions, let them know they can contact us anytime.
- 3 Attach the most current report card/great report.
- 4 Return your completed application to an ORS UBMS Program staff member during the afterschool program in the AHS library, Monday-Thursday 3:30-5:30.

The information collected in this application is required by the U.S. Department of Education. The Upward Bound Math & Science Program at ORS will not share any of the information disclosed here, in accordance with the Family Educational Rights and Privacy Act (FERPA).



[www.orstxub.org](http://www.orstxub.org)

### Contact Us:

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Opportunity Resource Services is a nonprofit organization dedicated to bringing opportunities for success and resources for growth to underserved communities.

ORS is committed to providing opportunities to all qualified people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability.

The Upward Bound Math & Science Program at ORS is 100% federally funded by the U.S. Department of Education for \$250,000 annually.

upward  
bound  
math &  
science



## What We Do

**Tutor:** We provide tutoring Monday – Thursday 3:30-5:30 where we help you develop study skills.

**Mentorship:** We have a committed staff who wants to help you prepare for success in college and are available to help.

**Field Trips:** We provide 8+ field trips throughout the year that will take you to college campuses, museums and other activities all over the state.

**College Preparation:** We will help you with SAT/ACT preparation, college applications, scholarships, and financial aid.

**Money:** We pay you for your attendance. Perfect attendance will get you \$400 this year.

## What You Do

**Attendance-After School Program:** Commit to 2 hours of tutoring a week during the school year.

**Attendance-Summer Program:** Commit to attending our 6 week summer program at Hill College.  
Transportation is provided for this college simulation, including a Residential Week in the dorms, classes, and field trips.

**GPA:** We ask you to commit to maintain an 80 or higher GPA. If at any time you have below an 80 average, we want to see you actively working to raise your grades.

# Section One: Student Re-Entry Form

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
City State ZIP code

Student Phone ( ) \_\_\_\_\_ Student Email \_\_\_\_\_

Describe why you left the program.

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What is different now? Why would you like to come rejoin the Upward Bound program?

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## Section Two: Parent Information

The student applicant lives with:  Both parents  Mother only  Father Only  Legal Guardian

If Legal Guardian, what is your relationship to the student applicant?

(Foster Parents, Grandparents, etc.) \_\_\_\_\_

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Father/Step Father/Legal Guardian  Primary Contact Person

Name \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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Mother/Step Mother/Legal Guardian  Primary Contact Person

Name \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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I (we) understand that the information I have provided is confidential and that it will not be disclosed to anyone not affiliated with the Upward Bound Program. I (we) certify that the information is accurate and complete to the best of my knowledge. I (we) agree to provide further documentation, upon request, to verify the information reported. To assist in determination of eligibility, I (we) authorize the Upward Bound Program to discuss parent information contained in this form with the applicant.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Student and Parent Commitment

The Opportunity Resource Services Upward Bound Math & Science Program is committed to providing academic support for every student participant as they complete high school and enroll in college. In Upward Bound Math & Science, we will work with students, their families, and school staff to ensure that each student has the knowledge and the resources to be successful. Parents and students must understand the commitment they are making to their future and to the Upward Bound Math & Science Program.

### Student Commitment Statement

I agree to take full advantage of the services and activities offered by the Regular Upward Bound Program. I commit to:

- Attending Upward Bound Math & Science events with a positive attitude, ready to meaningfully engage in the opportunities presented to me.
- Maintaining respectful conduct at all times, including being open to new ideas and perspectives from other students and UBMS staff.
- Faithfully attending school and all academic courses.
- Observing the rules established by ORS Upward Bound Math & Science and my high school.
- Working to raise and/or maintain a grade point average of at least a 3.0 throughout high school.
- Enrolling in college upon graduation from high school.

### Parent Commitment Statement

I agree to support my child's participation in the services and activities offered by the Upward Bound Math & Science Program. I commit to:

- Encourage and monitor student attendance and participation in Upward Bound Math & Science.
- Respond to information requests (i.e. permission slips, surveys, etc.). It is understood that all information will be held with strict confidence and used only for offering student services, measuring student progress, and conducting program evaluation.
- Take full advantage of events and resources offered to parents/guardians by Upward Bound Math & Science.
- Maintain communication with UBMS staff, as appropriate, to best serve student needs.
- Support better study habits at home and monitoring completion of daily homework.
- Set high standards and expectations for my child's academic achievement.
- When appropriate, meet one-on-one with UBMS staff to review their child's academic progress, discuss college entrance issues and financial aid, and address any issues or concerns.

Our signatures below indicate that we have reviewed the commitment statements and agree to follow the regulations and policies of ORS' Upward Bound Math & Science Program. We understand that this commitment continues through high school graduation into college, and that violation of this commitment may jeopardize continued participation in the Upward Bound Math & Science Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Waiver of Liability Form 2013-2017

I, \_\_\_\_\_ (Name of parent or legal guardian), for and in consideration of the participation of \_\_\_\_\_ (Name of youth) in the Upward Bound Math & Science Program offered by Opportunity Resource Services in the timeframe from September 1, 2013, to August 31, 2017, and in which I freely and voluntarily permit my child to participate, do hereby agree and understand not to hold Opportunity Resource Services, their officers, administrators, employees, representatives and/or agents, and their heirs, successors, and assigns, liable in any way what so ever for any injury, or damage, or loss of property sustained by my child or persons other than my child arising out of, or in connection with, or due to negligence, fault, or otherwise during any part of my child's participation in the aforementioned program.

For the same consideration and without conflict in the foregoing, voluntarily and knowingly, I hereby release and discharge Opportunity Resource Services' officers, administrators, employees, representatives and/or agents, and their heirs, successors, and assigns, both in their official and individual capacities jointly and severally, from any actions, causes of action, claims, demands, damages, costs, and expenses on account or in any way growing out of any and all loss of personal property, or injury, as the result of any accident, delay, or irregularity which may be caused either in whole or in part by any defect in any vehicle, airplane, vessel, or negligent operation thereof and through any act, error, or omission, or default of any company or person, or by reason of the conditions or use of any real or personal property while I am en route to, or from or participating in the program or occasioned by it.

I further promise to bind myself, and all my heirs, administrators, and executors, to indemnify and forever hold harmless Opportunity Resource Services, their officers, administrators, employees, representatives and/or agents against loss, damage, or expense from any and all claims, demands, actions, or causes of action that may occur while en route to, or from, of participating in the program or any activity relating or occasioned by it.

**\*Revised Policy\***

I understand that as part of my child, listed above, participating in the activities of the Opportunity Resource Services Upward Bound Math & Science Program, I am still responsible for his/her care outside of school hours. Participation in the Upward Bound Math & Science Program is voluntary, and my child's absence from Upward Bound will not be a cause for UBMS staff to be concerned about his/her location or welfare.

Once my child has signed in to the Upward Bound Math & Science Program for the day, he/she will be monitored by UBMS staff members, until he/she signs out. Once the student has signed out, I understand that neither Upward Bound nor Opportunity Resource Services will monitor my child.

I have read this release and understand all its items and execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date Signed

# Medical Release Form

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

## HEALTH STATEMENT

Please list any and all physical conditions that your child may have which might affect or be affected by participation in this program and about which the Upward Bound Math and Science staff should know.

Present medical problems or conditions: \_\_\_\_\_

\_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

\_\_\_\_\_

Allergies (including allergies to food, medications, etc.): \_\_\_\_\_

\_\_\_\_\_

Limitations on physical activities: \_\_\_\_\_

\_\_\_\_\_

## MEDICAL RELEASE

In the event that my child or dependent (listed above) is injured or ill while under the care of the Upward Bound Math and Science Program, I hereby give permission to the Program Director, or the Director's authorized representative, to provide first aid and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In the event that an illness or injury creates an opportunity for medical decisions to be made for the benefit of my child, I understand that the Director or authorized representative will make all reasonable efforts attempt to contact me. However, if medical care becomes essential, or I am unable to be contacted, I give permission to the Director to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized staff.

I further acknowledge that if medical care becomes essential ORS employees will not under any circumstance refuse medical treatment for my child and that I am responsible for all charges in connection with the care and treatment rendered to my child during this period.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_