

**NOTE:** It is required that each student participant have a signed application form on file in order to be eligible to participate in the Liberty Partnerships Program.

**NYSED FARMINGDALE STATE COLLEGE LIBERTY PARTNERSHIPS PROGRAM APPLICATION**

*The Liberty Partnerships Program provides students with a range of services designed to improve academic performance and prepare for a successful transition into postsecondary education or career path.*

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

**Date of Birth:** \_\_\_\_\_ **Date of Entry:** \_\_\_/\_\_\_/\_\_\_ (if new student)

**Age:** \_\_\_\_\_ **Gender:** M [ ] F [ ] Non-Binary [ ] **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Ethnicity/Race (circle all that apply):**    **a)** Hispanic or Latino    **b)** American Indian/ Alaskan Native  
**c)** Asian    **d)** Black/African-American    **e)** Native Hawaiian or Pacific Islander    **f)** White

**Address:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail address \_\_\_\_\_

**\*\*\*Would parent consider being a part of a group of LPP parents? Meet approx. 1x a month and learn about program and how it can best help you and your child? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please let us know best form of communication – Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_**

**Emergency Contact Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

**New York State Student Identification Number (NYSSIS #):** \_\_\_\_\_

**Authorization for Participation & Access to Student Records 2019/20**

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, ***as long as my child is a member of LPP***, 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 child. I (we) understand that all information obtained will remain confidential.
- I (we) also give permission for our child to participate in program related activities. Offsite activities will require a signed permission slip.
- I (we) understand that pictures may be taken of our child and may be included on LPP website.
- I (we) agree to allow our child to participate in Social Emotional Assessments and Personal Learning Plans (PLPs) to further supply them with appropriate services.

I (student name) \_\_\_\_\_ have read and been provided a copy my Liberty Partnership Program’s Code of Conduct 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.

\*AS INFORMATION CHANGES, FORMS WILL BE UPDATED AND PARENT/GUARDIAN SIGNATURE WILL BE REQUIRED.

-----**Office Use Only below this line**-----

Reviewed by: \_\_\_\_\_  
Staff Name
Staff Signature
Date

Eligibility Factor (circle all that apply): A B C D E F G H I J K L  
Accepted [ ] Denied [ ] Wait List [ ] **FERPL** Yes [ ] No [ ]

**Date of first PLP:** \_\_\_\_\_ **Date of first Social/Emotional Assess:** \_\_\_\_\_

## CODE OF CONDUCT

This Code of Conduct is in alignment with the New York State Dignity for All Students Act which prohibits discrimination and/or harassment of students on school property and at school functions by students and/or employees. However, harassment can include, among other things, the use, both on and off school property, of information technology, including, but not limited to, email, instant messaging, blogs, chat rooms, pagers, cell phones, gaming systems and social media websites, to deliberately harass or threaten others. This type of harassment is generally referred to as cyber bullying.

LPP will provide a safe and supportive environment in accordance with school districts "code of conduct" which includes (but not limited to) the prevention and intervention of:

- bullying;
- discrimination;
- intimidation;
- taunting;
- harassment of any kind;
- inappropriate dress code;
- disorderly conduct or inappropriate behavior;
- vulgar or inappropriate language;
- violence of any kind; and
- disorderly bus conduct.

The above will be enforced at all Liberty Partnerships Program functions including while in transit. All related incidents will be collected, reported, and evaluated.

Penalties will be administered according to careful review with all LPP partners involved and in accordance with appropriate laws.

In conjunction with the New York State Education Department (NYSED) and the addition of new issues, policies will continually be reviewed and revised.

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

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