

**LIBERTY PARTNERSHIPS PROGRAM APPLICATION FORM**  
STATE UNIVERSITY OF NEW YORK COLLEGE OF AGRICULTURE AND TECHNOLOGY AT COBLESKILL  
(A NEW YORK STATE EDUCATION DEPARTMENT FUNDED PROGRAM)



**INSTRUCTIONS:**

**Parents & Students:** Complete Parts I, II, and III (front & back). Read the Field Trip Guidelines and Student Code of Conduct with your child. Then **return signed application** to the student's Liberty Partnerships In-School LPP Advocate.

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**PART I (to be completed by parent or legal guardian; signature required at ★):**

Student's full name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Non-Binary \_\_\_\_\_

Ethnicity:

>American Indian or Native Alaskan \_\_\_\_\_ >Asian \_\_\_\_\_ >Black or African American \_\_\_\_\_ >Hispanic or Latino \_\_\_\_\_

>Native Hawaiian or Other Pacific Islander \_\_\_\_\_ >White \_\_\_\_\_ >2 or More Races \_\_\_\_\_

School District: \_\_\_\_\_

Student's address: \_\_\_\_\_  
Street Town Zip Code

Parent/Guardian 1 Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address(es): Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

*\*We ask for contact information from parents/guardians and students so that we can keep you up to date with LPP activities and other information we'd like to share with you. Most of our contact with you will be through Email.*

**Parent or Legal Guardian Consent:**

- I agree to allow my child to participate in the Liberty Partnerships Program (LPP). The SUNY Cobleskill LPP may have access to my child's school records: report card, transcript, schedule, test scores, ID numbers, and attendance rates as required by New York State Education Department.
- I agree to allow LPP to administer various college, career, and social/emotional surveys and/or skill assessments as may be required to better individualize services for each student.
- I understand my child will work with LPP staff as his/her schedule permits. LPP staff includes the director, a college and career experience coordinator, a LMSW, and an advocate at each school. Services from LPP staff include: tutoring, mentoring, advocating on behalf of youth, academic support and advisement, counseling, social and emotional skill building, college and career readiness experiences, and opportunities to gain leadership skills.
- I understand LPP staff will reach out to communicate with me, the parent, to discuss my child's progress and set up possible in home or in person visits, as required by our grant funder, NYS Education Department.
- I understand my child may go on a variety of career, college, or cultural field trips during the school day throughout the school year. Students must meet the school's eligibility requirements in order to attend.

\_\_\_\_\_  
**★Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**PART II (to be completed by parent/guardian; signature required at ★):**

Parent/Guardian.....please read and check the appropriate box regarding photographs/videos.

- **Photographic Release:** At times the SUNY Cobleskill Liberty Partnerships Program may take photographs and/or videotapes of students during activities and trips. We may publish such on social media and/or LPP websites.

I DO grant or  I DO NOT grant the SUNY Cobleskill Liberty Partnerships Program permission to use, reproduce, or distribute any photographs, videotapes, and/or sound recordings of my child during their participation in LPP activities.

Parent/Guardian.....please read and complete regarding possible emergency situations during LPP activities/trips.

At various times during the year the Liberty Partnerships Program will sponsor several activities for your child, which will take place off school property. This permission form applies to your child for the duration of his or her time in the Liberty Partnerships Program. Your child will always bring home notification of a pending trip. If you wish to rescind your permission for that trip, we ask that you notify Liberty Partnerships at 255-5366. If you approve your child's participation in LPP activities that require travel, please sign and fill in the appropriate spaces below.

Parent/Guardian Name: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical condition(s) which the advisor/chaperone should be aware of: \*Include any food, drug, or environmental allergies.

Medication(s) you feel we should be aware of in case of an emergency to prevent adverse drug interactions: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Emergency Authorization**

**In the event that I cannot be reached, I authorize Liberty Partnerships to obtain the services of the nearest ambulance, emergency squad, or licensed physician, or to transport to the nearest health-care facility. I also authorize a trained first responder or licensed physician to provide immediate and necessary care.**

**★Parent/Guardian Signature**

**Date**

**PART III (to be completed by student):**

Future Career Interests or College Interests: \_\_\_\_\_

Student e-mail: \_\_\_\_\_ Student cell phone #: \_\_\_\_\_

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\*For LPP Use only:

Received by LPP \_\_\_\_\_ Date \_\_\_\_\_ Director Approval \_\_\_\_\_ Signature \_\_\_\_\_

RECORDED ON \_\_\_\_\_ Database \_\_\_\_\_ Report of Services \_\_\_\_\_ Outlook \_\_\_\_\_ Contact Info \_\_\_\_\_