Student Application Checklist

☐ Certificate of Health
☐ Permission to Photograph and use data
☐ Rules and Regulation Form
☐ Student Application
☐ Student Parent Agreement
☐ Letters of Recommendation
☐ Report Card
☐ Student Essay
COLLEGE OF MENOMINEE NATION
SUMMER TRANSPORTATION INSTITUTE PROGRAM
APPLICATION

Name: ______________________________ SS# __________________
(Circle One) Male/Female Date of Birth __________________
(Please Print Clearly)

Address: ____________________________________________
please include mailing and physical address, if different, for student pick up/drop off
School Attending Fall 2016______________________________

Parents/Guardian: ___________________________________
Address (if different) __________________________________
Telephone: (Home) ________________________________
(Work) ________________________________

Grade Point Average: _________________________________

During the 2016-2017 School Year I will be in the: (Check One)
_____ 6th Grade  ______ 7th Grade  ______ 8th Grade

Career Interest  (Check One)

_____ Accounting
_____ Architecture  _____ Environment  _____ Engineering
_____ Business  _____ Law  _____ Technology
_____ Criminal Justice  _____ Marketing  _____ Construction
_____ Computer Science  _____ Scientific Research  _____ Transportation

Awards/Achievements/Organizations (Attach a list of awards, achievements, and organization memberships.)

Required Essay: Describe your career objective(s), your interest in transportation, and how the
Summer Transportation Institute can assist you in reaching your goals. Your essay must be
typed, and (1-2) pages in length

Additional Information:
Please enclose at least one letter of recommendation and your academic transcript. Application
will not be processed with incomplete information.

Submit to: Department of Continuing Education
Summer Transportation Institute
College of Menominee Nation
P.O. Box 1179
Keshena, WI 54135

Signature & Date (Parent) ______________________________ Signature & Date (Student) ______________________________
If accepted we will be responsible for your safety and well-being at all times. The following guidelines, rules and regulations are important and necessary to meet the objectives of the STI.

1. Students are expected to display courtesy and professional behavior toward their peers, faculty, and staff at all times.

2. Only excused absences from the Project Director will be accepted. Students must report illness; injury etc., to their Counselors and Project Director to be excused from classes (seminars/labs). Violations may lead to dismissal from the program. Attendance at all activities is mandatory.

3. Students are not permitted to leave campus unless escorted by a counselor or another adult in authority. Counselors will make arrangements for off-campus activities. Any unauthorized student found or reported off campus is subject to immediate dismissal. Students are required to participate in all weekend activities, unless prior arrangements were made.

4. Activities are planned each day for the students; some of these activities may run into the evening hours. Students will go home for the evenings, transportation will be provided. Parents must consult with the Project Director before signing students out if other arrangements are necessary when leaving campus. Parents must sign students back in when/if they return to campus.

I have read and understand and agree to comply with the above rules and regulations.

______________________________ Date
Signature (Student)

______________________________ Date
Signature (Parent/Guardian)
Field Trip Permission Slip

Permission:

I, ____________________________________________, represent the legal guardian for ____________________________, who is my child and I grant permission for him/her to participate in all the Summer Transportation Institute field trips during their summer program, June 13 – July 1, 2016

Medical Information:

_____________________________ ____________________________
Insurance Provider Card Number

_____________________________ ____________________________
Family Doctor Phone Number

Release of Liability:

I, ____________________________________________, represent the legal guardian for ____________________________, who is my child and I grant permission for him/her to participate in all the Summer Transportation Institute field trips during their summer program, June 13 – July 1, 2016

I will hold harmless the College Of Menominee Nation and the Summer Transportation Institute from any injury that may occur.

This release is dated this 13th day of June, 2016 and expires upon the conclusion of said event.

_____________________________ ____________________________
Mailing Address Phone Number

_____________________________ ____________________________
Emergency Phone Number

_____________________________ ____________________________
Parent/Legal Guardian Signature Date
Field Trip Participation Waiver of Liability

Participant's First & Last Name:

_________________________________________

Parent/Guardian's First & Last Name:

_________________________________________

Address:

_________________________________________

Phone: ________________________________

Emergency Contacts: Name, Phone #, Relationship

_________________________________________

Participant's Date of Birth: ___/___/___ Age: ___ Sex: □F □M

Please list any physical limitations that might impact participation and activities:

_________________________________________

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the College of Menominee Nation, activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Parent/Guardian's Signature: ____________________________________________

Date: ____________
College of Menominee Nation
SUMMER TRANSPORTATION INSTITUTE
RELEASE FORMS

PERMISSION TO TAPE OR PHOTOGRAPH

Student:

Date of Birth:

I grant written permission to the CMN Summer Transportation Institute to make video tapes or photographs of the above named student.

I further authorize the use of such photographs or tapes for brochures, press releases or other recruitment materials without prior inspection on my part.

Signature: ________________________________

Parent/Guardian: ________________________________

Date: ________________________________

PERMISSION TO COLLECT AND USE DATA

I grant written permission to the College of Menominee Nation Summer Transportation Institute, the Federal Highway Administration, and the National Resource Center to use the information provided on the Participant Profile for marketing, recruitment, program evaluation and data analysis purposes.

Signature: ________________________________

Parent/Guardian: ________________________________

Date: ________________________________
Student Parent Agreement

I agree to follow all STI program policies, rules and regulations. This includes being courteous and respectful to my classmates and CMN Staff.

If I don't continue to follow the rules and break this contract, I understand that this may result in my dismissal from the program.

Signature (Student) _______________________________ Date __________

Signature (Parent/Guardian) ______________________ Date __________

STI Staff _______________________________ Date __________

STI Staff _______________________________ Date __________
CERTIFICATE OF HEALTH

Note: This certificate is designed to provide the CMN staff with information concerning your child's health and general welfare. If the applicant is selected for participation in the program, the information will be used for the student's safety and welfare while on the CMN campus and field trips.

(Please Print Clearly)

Child's Name: ___________________________ Age __________ Female____ Male____

Address: ___________________________ City: _______ State: _______ ZIP: _______

Social Security Number: ___________________________

Past and Present History of Illness or Injury: __________________________________________

Does your child have a history of any of the following? If so, please provide an explanation in each case. Please Circle Any That Apply:

1. Heart Disease (Mitral Valve Prolapse, Murmur)? Y/N
2. Lung Disease (Tuberculosis, Asthma)? Y/N
3. Neurological (Seizures, Migraine)? Y/N
4. Mental (Nervousness)? Y/N
5. Has he/she ever passed out? Y/N
6. Sinusitis? Y/N
7. Hearing Loss? Y/N
8. Anemia/Sickle Cell Disease or Trait? Y/N
9. Rheumatic Fever? Y/N
10. List any past surgeries or hospitalizations. Y/N
11. List any lengthy illness. Y/N
12. List any visual problems. Y/N
13. History of broken bones (please specify) Y/N
14. List any physical defects. Y/N
15. Is he/she on any medications? Y/N
16. List any allergies to food, medications, plants etc. Y/N
17. Please list any restrictions related to sports. Y/N
18. Please list any injuries or conditions not included above. ___________________________
*All medications must be accompanied by a signed letter from an attending physician explaining dosage and any instructions for Institute staff.

I certify that the above information is true and that the student named on this certificate is in good health and able to take part in the activities with the exceptions of the above stated restrictions.

I also understand that if no physician is available during the activities, I give permission for limited treatment for minor illnesses and/or injuries. In case of emergency, the student will be referred to the nearest medical facility for care at the expense of the parent or under insurance provided by the student’s insurance.

In case of an Emergency
We will attempt to notify parent(s) / Guardian(s) first. Please print below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature (Parent/Guardian)  Date