



BUFFALO STATE COLLEGE LIBERTY PARTNERSHIPS PROGRAM

1300 Elmwood Avenue, Buckham Hall E103, Buffalo, New York 14222
(716)878-4055 Fax (716)878-4015

Program Application

Student Grade Level _____ Date of Application _____

Student Name _____

Address (include zip code) _____

Phone Number(____) _____ D.O.B. _____ Student ID# _____ NYSID # _____

Gender: Male _____ Female _____ STUDENT Email Address _____

➤ ***Please make a selection for both categories below, Ethnicity AND Race.***

Ethnicity (***select one***): _____Hispanic/Latino OR _____Non-Hispanic

Race (***select one***): _____African American, _____White, _____Native American/Alaskan,
_____Asian, _____Hawaiian or Pacific Islander, _____2 or more Races

School Currently Attending _____

Most Recent Report Card Average _____

Have you ever been involved in another Pre-Collegiate program? (Example: Upward Bound, STEP, Talent Search or another Liberty) Yes _____ No _____

If yes, give name of program _____

Parent/Guardian Name _____

PARENT Email Address _____

(To be used to provide scholarship information)

Parents and/or Guardians please indicate any specific needs or concerns you may have.
(Example: academic concerns, behavior concerns, counseling needs etc.)

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Person to be contacted in case of emergency:

Name _____ **Relationship** _____

Address _____ **Phone** _____

Health insurance coverage: Yes _____ No _____

Insurance carrier _____ **Name of insured** _____

Does your child take any prescription medications? Yes _____ No _____

If yes, please explain _____

Does your child require special accommodations? Yes _____ No _____

If yes, explain _____

Does your child have any dietary restrictions or limitations? Yes _____ No _____

If yes, explain _____

I understand that neither the Liberty Partnerships Program nor Buffalo State College holds any responsibility for illness or injury and that I or the person(s) designated above will be notified of any health related problems that might occur during my child's participation in the program. To help ensure my child's health and safety I have provided the information requested above.

In order to ensure my own health and safety as well as the health and safety of my fellow Liberty Partnerships Program participants, I agree to follow all instructions of the program staff and stay within the limits of the program rules and regulations.

I hereby grant permission for my child _____ who is currently enrolled in grade _____ at (name of school) _____ to participate in the Buffalo State College Liberty Partnerships Programs' activities including all scheduled field trips. I also authorize release of information concerning my child's academic record to the Liberty Partnerships Program staff for the purpose of designing individualized academic and counseling services and for evaluating results of those services. From time to time the Liberty Partnerships Program will take photos of your children engaged in various activities and I also authorize the publishing of photographs taken of my child for use on brochures and advertisement for the Liberty Partnerships Program.

Parent/Guardian Signature _____ **Date** _____

Please Print name _____

LPP student signature _____ **Date** _____

Please print name _____