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#### PROGRAM APPLICATION 2017-2018

**Early Academic Outreach Program** University of California, Davis One Shields Avenue – 2210 Haring Hall Davis, CA 95616

#### A recent transcript must be submitted with the application.

STUDENT INFORMATION					
Last Name:	First Name:		Middle Name:		Birth Date:/
Sex: F M Mailing A	ddress:				City:
Zip Code:	Street Address/P.O. Box Home Phone: (		Cell Phone: (	Apt. No.	(Can be used to communicate opportunities.)
•			,		School Graduation Year:
This is not your School IE  Mark any programs you are a					
If the student would like prog					
If student's parent(s) would li					_
Are you Hispanic or Latino de			ish Learner (EL) studer		_
Student's Ethnicity: (Please  11	n/Black n Native can MATION	07	oanic exican-American stern	36 [ 10 [ 12 [ 14 [	Russian Ukrainian Vietnamese/Vietnamese-American  Other Asian (Specify): Other (Specify): Decline to state
Are you eligible for free/reduce	ced lunch?  No Y	es			
Parent 1Legal Guardian's Name Work Phone: () Occupational Title: Lives with student?	: No			le:	☐ Yes
Student's Preferred Languag Language(s) Spoken at Hom					☐ Vietnamese ☐ Other: ☐ Vietnamese ☐ Other:
Number of family members in	the household (including	student):	Is the hous	ehold a single-parent	home? ☐ No ☐ Yes ☐ Decline to State
Total Family Income:	(1) \$17,820 or less (5) \$36,451 - \$42,660 (9) \$61,336 or greate			\$24,031 - \$30,240 \$48,871 - \$55,095	(4) \$30,241 - \$36,450 (8) \$55,096 - \$61,335
HIGHEST LEVEL OF EDUC Unknown or not available	ATION COMPLETED:	PARENT 1/0	GUARDIAN (UNK)	<u>PAREN</u>	T 2/GUARDIAN (UNK)
Never Attended School Attended Six Years or less Attended Junior High School Finished Junior High Attended Some High School High School Graduate (High General Education Diploma ( Attended Some College or U Associates of Arts (AA, AS, e Bachelor's Degree (BS, BA, A Master's Degree (MA, MBA, Doctorate (PhD, MD, EdD, et College degree obtained outs	GED) niversity etc.) AB, etc.) MS, etc.)		(000) (G06) (G07) (G08) (G11) (G12) (GED) (C01) (C02) (C04) (GR2) (GR4)	□ V	(000) (G06) (G07) (G08) (G11) (GED) (C01) (C02) (C04) (GR2)
				∐ Yes	
Office Use Only: DED FD	Other Trans	cript: No Yes	Approving Staff's Ini	itials:	V.1 06.18.2014

Date Entered:

Data Entry Staff's Initials:



## University of California, Davis EARLY ACADEMIC OUTREACH PROGRAM

#### Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Early Academic Outreach Program (EAOP) Activities and Projects, herein after called the "Activity" or "Project", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Early Academic Outreach Program (EAOP) Activities and Projects.

Assumption of Risks: Participation in Early Academic Outreach Program (EAOP) Activities and Projects carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in **Early Academic Outreach Program (EAOP) Activities and Projects** and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in EAOP Activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor	Date	Signature of Student	Date
Print Name		 Print Name	



Print Name

# University of California, Davis EARLY ACADEMIC OUTREACH PROGRAM

### Parent/Guardian Authorization

a minor child, hereby give permission for my child to participate in <b>Early Academic Outreach Program (EAOP) Activities and Projection</b> conducted by the University of California at Davis. I understand that the primary objective of the program is to encourage students to enrocollege preparatory courses, to participate in <b>Early Academic Outreach Program (EAOP)</b> academic development services, and to become ligible for admission to postsecondary educational institutions of California. I also understand that such Activities may be available until hele enrolls at a college or university campus.
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<u>Authorization</u>
I hereby authorize Early Academic Outreach Program (EAOP) directors, staff, and their assistants to engage in the following:
<ol> <li>To have access to, and to make and receive copies of, my child's academic school records through the completion of 12<sup>th</sup> grad understand that these records will be kept in strict confidence and will be used solely to: a) monitor my child's academic progress; and determine when academic support services are needed.</li> </ol>
<ol> <li>To have access to, and to make and receive copies of, my child's standardized test records through the completion of 12<sup>th</sup> grad understand that these records will be kept in strict confidence and will be used only for the purposes of assessing student performance advising students and not for recruitment purposes.</li> </ol>
3. To have access to, and to make and receive copies of, my child's academic school records and standardized test records contained electronic databases and warehouses, including but not limited to the UC Gateways data warehouse, through the completion of 12 <sup>th</sup> grad I understand that these electronic records will be kept in strict confidence and will be used solely to: a) monitor my child's acade progress; and b) determine when academic support services are needed.
4. To disclose information from my child's academic school records to designated representatives of colleges and universities so that they redetermine my child's eligibility for admission at their institutions, his/her need for special services and for general use in planning outre and recruitment activities. These records will be maintained by the University of California consistent with the Federal Family Educa Rights and Privacy Act of 1974, applicable state laws and University policies.
<ol> <li>To allow my child to attend field trips to colleges and universities, sponsored and coordinated by the Early Academic Outreach Progre(EAOP). I understand that my child will have adult supervision while on these field trips.</li> </ol>
6. To reproduce any original materials submitted by, and any image of, my child. I understand that my child's compositions or likenesses reproduced in part or in whole for the purpose of on-going program promotion and evaluation. I release the University of California of obligation to compensate me, my children, or any party acting on my behalf, for the use of the above mentioned media.
I am the parent or legal guardian of the minor, and I am signing this Parent/Guard Authorization on behalf of said minor.
Signature of Parent/Guardian of Minor Date Signature of Student Date

Print Name