

SUNY Oneonta Migrant Leadership Academy

Documents Checklist

Complete and return the following by June 10th, 2022

- SUNY Oneonta Application
- SOMLA Application
- SOMLA Agreement Form
- Parent Medical Consent
- Parent Permission and Release

Due by June 29th, 2022

- Official Transcripts

Please mail all documents to:

Odilia Coffta
56 Ellicott Avenue
Batavia, NY 14020

Key Dates & Deadlines

Friday, June 10 th	Deadline for documents
Monday, June 29 th	Transcripts due
Thursday, July 7 th	SOMLA arrival
Thursday, July 14 th	SOMLA departure



Office of Continuing Education/Winter & Summer Sessions
 215 Hunt College Union
 Oneonta, NY 13820
 Phone: 607.436.2548
 Fax: 607.436.2692

**Non-Degree Application & Registration Form
 Summer Leadership Academy- summer 2022**

Last Name First Name MI

Currently enrolled in High School at: _____ Last grade completed _____

Permanent Mailing Address: _____

Street City State Zip

Phone: _____ Date of birth: _____ Gender: _____

Are you a New York State resident? Yes No NY State County of Residence _____

Are you a U.S. citizen? Yes No

If no, do you have permanent residency or DACA? If yes, please include a copy of both sides of your card with this application.

Answering the following questions is *voluntary*:

Is your native language English? Yes No

Are you Hispanic/Latino? Yes No

If Hispanic/Latino, is your background (select one):

Central American Dominican Mexican Puerto Rican South American Other Hispanic/Latino

Please indicate your race (select one or more):

American Indian or Alaska native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

By signing this form, I am agreeing to be enrolled in INTD 122 Transition Skills for Emerging Leaders for 1 credit. My signature will also allow my high school to provide official transcripts to SUNY Oneonta. I understand that I am academically liable for any class that appears on my schedule. As a non-degree student, I am held to SUNY Oneonta's Student Code of Conduct which can be found at: www.oneonta.edu/development/studevel.asp

Any falsification of data may result in a denial of admission or in dismissal from the College.

Student Signature: _____

Parent/Guardian Signature: _____
(Required if student is under the age of 18)

Date: _____

SUNY ONEONTA MIGRANT LEADERSHIP ACADEMY Student Application

STUDENT INFORMATION					
Last Name		First		T-Shirt Size	
Street Address				Apt/Unit #	
City		State		ZIP	
Phone			Social Media Names (FB, Insta)		
Grade			School District		
Mother's Name			Father's Name		
Mother's Phone #(s)			Father's Phone #(s)		
In case of emergency, I give permission for either of the following people to be contacted:					
Name		Phone		Relationship	
Name		Phone		Relationship	
REQUIRED STUDENT HEALTH CONCERNS: ARE YOU TAKING ANY MEDICATIONS? IF YES, WRITE NAME AND DOSAGE. ANY ALLERGIES? ANY OTHER HEALTH CONCERNS?					
REQUIRED STUDENT EDUCATIONAL CONCERNS: RETENTION, 504 OR IEP ACCOMMODATIONS, LANGUAGE DOMINANCE.					

- Attendance permission: I hereby give my permission for my child to attend the classes and participate in the scheduled activities.
- Field trip permission: I give permission for my child to attend field trips.
- I hereby authorize the New York State Migrant Education Program to publish/print my child's schoolwork, photographs of my child, video recordings of my child, and/or interviews on the internet and in various publications for educational and informational purposes. I further understand that these photographs and video recordings will depict my child and other students engaged in different educational activities and that these materials will be reviewed by staff to determine its relevance based on purpose, appropriateness, and audience prior to use.

 Parent/Guardian
 Signature

Date

 Migrant Educator
 Signature

Migrant Educator Name/METS

2022 SUNY Oneonta Migrant Leadership Academy Agreement

I, _____ (name), agree to attend the SUNY Oneonta Migrant Leadership Academy (SOMLA) at SUNY Oneonta from Thursday, July 7th until Friday, July 14th, 2022.

I understand the purpose of SOMLA is to provide students with the opportunity of earning one college credit and improve leadership skills. I agree to make academics my top priority while I am here at SOMLA and during the following fall semester at High School. I will arrive on time for my classes and activities, be prepared and participate. I understand if the staff determines that academics are not my priority while I am here during SOMLA, a decision will be made determining whether I may stay or be sent home.

I will be expected to abide by all SOMLA and College policies as well as the rules and regulations established by SOMLA staff including restricted cell phone usage (all policies and rules will be explained in detail on July 7th, 2022). Adherence to regulations as outlined below is expected as well as information presented by the SOMLA staff on July 7th.

The following are **PROHIBITED IN AND AROUND COLLEGE PROPERTY:**

- Possession, or being in the presence of alcoholic beverages
- Illegal drugs and drug paraphernalia
- Illegal, disruptive, disorderly behavior or excessive noise
- Weapons, possession or keeping of a deadly instrument on campus or use of any object with intent to harm another is prohibited
- Candles, any open flame devices, or fuel of any type
- Halogen lamps
- Personal audio equipment such as boomboxes, speakers, etc.

I understand the terms of our agreement and am determined to fully engage in all learning experiences throughout my stay at SOMLA.

Students with special dietary needs must describe them here:

Signature: _____ Date: _____

The best time to contact me is _____ (time) at _____ (phone)



Academia de Liderazgo para Migrantes SUNY Oneonta 2022

Convenio

Yo, _____ (nombre), manifiesto mi acuerdo para asistir a la Academia de Liderazgo para Migrantes, SUNY Oneonta 2020 (SOMLA) durante el período comprendido del jueves 7 de julio al jueves 14 de julio, 2022.

Me queda entendido que el propósito de SOMLA es proporcionar a los estudiantes la oportunidad de obtener un crédito universitario y mejorar sus habilidades de liderazgo. Por este medio me comprometo a hacer del estudio mi más alta prioridad durante mi estancia en SOMLA así como durante el semestre de otoño en High School. Asimismo me comprometo a llegar a tiempo, a prepararme y a participar en todas mis clases y actividades. Así también me queda entendido que deberé dejar la academia si el personal determina que mi prioridad no es el estudio durante mi estancia en SOMLA, y así lo decide.

De igual forma me comprometo a seguir las normas de SOMLA y de la Universidad así como cumplir con las regulaciones y los reglamentos establecidos por el personal de SOMLA, incluyendo el uso restringido de mi teléfono celular (las políticas y regulaciones se darán a conocer en forma detallada el día 7 de julio, del 2022). De igual manera, me comprometo a seguir la regulación que se presenta a continuación así como la regulación complementaria que será presentada el día 7 de julio de los corrientes.

Dentro del Campus de la Universidad y en todas las Instalaciones propiedad de la misma QUEDA PROHIBIDO lo siguiente:

- La posesión o consumo de bebidas alcohólicas en forma individual o en grupo.
- Drogas ilegales y sus accesorios
- Cualquier conducta ilícita, perturbadora, o que altere el orden así como el ruido excesivo
- La posesión o tenencia de armas o de un instrumento letal en el campus, o el uso de cualquier objeto con la intención de hacer daño a otro
- La portación de velas o cualquier otro instrumento de flama abierta así como combustibles de cualquier tipo
- Lámparas de halógeno
- Equipo personal de audio como amplificadores de sonido, bocinas, etc.

Me queda entendido cada uno de los términos del presente convenio y, me comprometo a participar plenamente en todas las actividades de aprendizaje que se presenten durante mi estancia en SOMLA.

Los estudiantes con necesidades alimenticias especiales deberán describirlas a continuación:

Firma: _____ Fecha: _____

La mejor hora del día para contactarme es _____ (horas) al teléfono _____

Medical Consent

2022 SUNY Oneonta Migrant Leadership Academy

I, _____, am the _____ (father, mother or legal guardian) of _____, who will attend the SUNY Oneonta Migrant Leadership Academy (SOMLA).

I hereby give my consent, in the event that all reasonable attempts to contact me at _____ (telephone number[s]) have been unsuccessful, for the administration of any treatment deemed necessary by the SUNY Oneonta Health Center or A.O. Fox Memorial Hospital or in the event that said staff is not available, by another licensed physician or dentist and for the transfer of my child to any hospital reasonably accessible if necessary.

I hereby authorize the medical staff at SUNY Oneonta Migrant Leadership Academy (SOMLA) or A.O. Fox Memorial Hospital to exercise for me and on my behalf, all my rights and duties with reference to consenting to appropriate medical, psychiatric, and surgical treatment, anesthetics, medicines and hospitalization, including care and treatment by the Student Health Services and A.O. Fox Memorial Hospital or staff surgeon, physician or radiologist which they may deem necessary for emergency care of my son/daughter/legal guardian.

Intending to be legally bound hereby, I execute this consent:

Signature of Parent/Guardian

Date

STUDENT INJURY & SICKNESS INSURANCE IS NOW MANDATORY. Please provide insurance information.

.....

The above named student is covered by insurance:

Name of Insurance Company: _____

Address: _____

Phone Number: _____

Type of Coverage (e.g. major medical, hospitalization, etc.):

Policy or Account Number: _____



Consentimiento Médico

Academia de Liderazgo para Migrantes, SUNY Oneonta 2022

Yo, _____, soy el (la) _____ (padre, madre o tutor) de _____, quien asistirá a la Academia de Liderazgo para Migrantes SUNY Oneonta (SOMLA).

Por este conducto doy mi consentimiento, en caso de que todos los intentos razonables de contactarme en el número _____ (número[s] telefónico[s]) hayan fallado, para que cualquier tratamiento que se haya considerado necesario sea administrado, por el personal médico del Centro de Salud de SUNY Oneonta o del A.O. Fox Memorial Hospital, o en caso de que tal personal no esté disponible, por otro médico o dentista certificado, y así también para el traslado de mi hijo(a) a cualquier otro hospital razonablemente accesible de ser necesario.

Por este conducto doy mi autorización para que el personal médico de la Academia de Liderazgo para Migrantes de SUNY Oneonta (SOMLA) o del A.O. Fox Memorial Hospital pueda ejercer por mí y de mi parte, todos mis derechos y obligaciones en lo que se refiere a consentir o permitir el tratamiento médico, psiquiátrico y quirúrgico apropiados, el uso de anestésicos, medicinas, y la hospitalización, incluyendo el cuidado y tratamiento proporcionado por la sección de Servicios de Salud para el Estudiante y A.O. Fox Memorial Hospital, o la utilización de un cirujano, médico o radiólogo de su personal que se juzgue necesario para la atención de emergencia de mi hijo/hija/tutelado.

Con la intención de obligarme legalmente, por la presente formalizo este consentimiento:

Firma del Padre de Familia/Tutor

Fecha

EL SEGURO DE LESIONES Y ENFERMEDAD DEL ESTUDIANTE ES OBLIGATORIO. Favor de proporcionar la información acerca del seguro.

.....
.....

El estudiante arriba mencionado está cubierto por seguro:

Nombre de la compañía de seguros: _____

Dirección: _____

Número telefónico: _____

Tipo de cobertura (ej. gastos médicos mayores, hospitalización, etc.):

Número de póliza o de cuenta: _____

Permission and Release

2022 SUNY Oneonta Migrant Leadership Academy

I, the parent or guardian of _____, give permission for my child/dependent to attend and participate in the 2022 SUNY Oneonta Migrant Leadership Academy (SOMLA) at SUNY Oneonta, including permission to go on supervised field trips sponsored by SOMLA. I give permission for my child to ride in a car or school van driven by a member of the migrant program staff or chartered bus driven by hired, professional drivers. I further give permission for my child to reside on the SUNY Oneonta campus in a Residential Hall during the SOMLA Program from July 7th to July 14th, 2022.

I agree that I will be responsible for any costs of any property damage incurred by my child at any time during the program.

I understand that my child must attend every required class session (unless ill) and is bound by the rules and regulations in place at SUNY Oneonta as well as the rules established by the SOMLA Program. I understand that if my child fails to comply with the rules, he/she will be expelled from the program.

I hereby release SUNY Oneonta and SOMLA Program, their agents and employees, from all actions, damages or claims which I, my heirs, executors, administrators, or assigns may have against SUNY Oneonta or the SOMLA Program for all personal injuries, known or unknown, which my child has or may incur by participating in the program and the activities and field trips described above.

I have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Intending to be legally bound hereby, I execute this release:

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

Address: _____

Telephone Day: _____ Evening: _____

Permiso/Autorización

Academia de Liderazgo para Migrantes, SUNY Oneonta 2022

Yo, el padre o tutor de _____, doy mi permiso para que mi hijo(a)/dependiente asista y participe en la Academia de Liderazgo para Migrantes 2022 SUNY Oneonta a celebrarse en SUNY Oneonta, incluyendo el permiso para realizar viajes de prácticas supervisadas patrocinados por SOMLA. Asimismo doy permiso para que mi hijo(a) viaje en auto o van escolar conducido por un miembro del personal del programa para migrantes o en un autobús contratado manejado por conductores profesionales. Asimismo doy mi permiso para que mi hijo(a) resida en un conjunto residencial dentro del campus de SUNY Oneonta durante la realización de los eventos del Programa SOMLA efectuados del 7 al 14 de julio del año 2022.

Asimismo acepto la responsabilidad para cubrir los costos derivados de cualquier daño a la propiedad en que haya incurrido mi hijo(a) durante la realización de este programa.

Quedo en el entendido que mi hijo(a) debe asistir a todas y cada una de las sesiones/clases del programa (a menos que esté enfermo/enferma) y que deberá apegarse a las normas y reglamentos vigentes en SUNY Oneonta así como a las normas establecidas por el Programa SOMLA. Asimismo queda entendido que si mi hijo(a) incumpliese las normas y reglamentos vigentes, él/ella será expulsado/expulsada del programa.

Por este conducto libero de responsabilidad a SUNY Oneonta y al Programa SOMLA, sus agentes y empleados, por cualquier acción, daños o reclamaciones que yo, mis herederos, apoderados, administradores, o representantes puedan efectuar en contra de SUNY Oneonta o el Programa SOMLA por cualquier lesión personal, conocidas o por conocer, que mi hijo(a) reciba o pueda recibir durante su participación en los eventos y actividades del programa, y en los viajes de prácticas mencionados líneas arriba.

Declaro que he leído esta autorización y que he entendido todos sus términos. Doy formalidad a este documento en forma voluntaria y con pleno conocimiento de su significado.

Con la intención de obligarme legalmente por este documento, doy formalidad a esta autorización:

Nombre del Padre de Familia/Tutor (letra de molde)

Firma del Padre de Familia/Tutor

Fecha

Dirección: _____

Número telefónico (día): _____ (tarde): _____

SUNY ONEONTA

Continuing Education/Summer Sessions

March 7, 2022

Dear School Counselor,

We have been busy planning for the sixth annual SUNY Oneonta Migrant Leadership Academy (SOMLA), which will be held from July 7-14, 2022. Part of the requirements for students to earn credit for coursework completed during their time on campus is to provide The Office of Continuing Education with an official high school transcript. The official transcript must show that the student has successfully completed their sophomore year prior to the start of SOMLA.

Official transcripts must be sent from the student's high school to The Office of Continuing Education at SUNY Oneonta using the address below. **The official transcript must be received by June 27, 2022, for students to be eligible to participate.**

Odilia Coffta, *SOMLA Principal*
56 Ellicott Avenue
Batavia, NY 14020

I thank you in advance for your help with this very important matter. If you have any questions, please feel free to contact me directly.

Thank you,



Rebecca S. Lynch
Assistant Director of Continuing Education
Rebecca.lynch@oneonta.edu
607.436.2690
<http://continuinged.oneonta.edu>