



Extended and Community Learning Center
 215 Hunt Union
 Oneonta, NY 13820
 Phone: 607.436.2548
 Fax: 607.436.2692

**Non-Degree Application & Registration Form
 Summer Leadership Academy- Summer 2026**

Last Name	(Birth) First Name	(Chosen) First Name	MI
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Currently enrolled in High School at: _____ Current Grade Level: _____

Permanent Mailing Address: _____

Street	City	State	Zip
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Student Email Address (Not a High School email): _____

Phone: _____ Date of Birth: _____ Legal Sex: _____

Are you a New York State resident? Yes No If yes, what is your NY State County of Residence? _____

Are you a U.S. Citizen? Yes No If no, what is your home country? _____

Do you hold a U.S. visa? Yes No If yes, what is your visa type? _____

Answering the following three questions is voluntary:

Is English your native language? (optional) Yes No

Are you Hispanic/Latino? (optional) Yes No

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

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

Please indicate your race (select one or more): (optional)

- 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 1220 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 University.

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 Name			
Student's Phone #			T-Shirt Size		
Grade		School Counselor's Name			
School Counselor's Phone #		School Counselor's email address			
Mother's Name		Father's Name			
Mother's Phone #		Father's Phone #			
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/INJURIES?					
REQUIRED STUDENT EDUCATIONAL CONCERNS: RETENTION, 504 OR IEP ACCOMMODATIONS, LANGUAGE DOMINANCE.					

1. Attendance permission: I hereby give my permission for my child to attend the classes and participate in the scheduled activities.
2. Field trip permission: I give permission for my child to attend field trips.
3. 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

Student Agreement (2026)

I, _____ (name), agree to attend the SUNY Oneonta Migrant Leadership Academy (SOMLA) at SUNY Oneonta from Sunday, July 12th until Friday, July 17th, 2026.

I understand the purpose of SOMLA is to provide students with the opportunity of earning one college credit and to 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 at 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 12th, 2026). Adherence to regulations as outlined below is expected as well as information presented by the SOMLA staff on July 12th.

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

- Possession, or being in the presence of alcoholic beverages and/or marijuana/tobacco
- Illegal drugs, drug paraphernalia including e-cigarettes
- 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 I 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)

Medical Consent

2026 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.

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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: _____

Prescription and Over-the-Counter Medication Consent Form
2026 SUNY Oneonta Migrant Leadership Academy (SOMLA)

If your child needs *any* kind of medication while at SOMLA, we need your consent for medication distribution *and* for the use of medical devices.

For prescription medications, we need additional information from the prescribing physician as well. See below.

Will your child require *prescription* medication(s) while at SOMLA? (This includes EpiPens and Inhalers.)

Yes	<input type="checkbox"/>	If "yes," <ol style="list-style-type: none"> 1. Please have your child's physician complete page 2. Submit the completed form with your other SOMLA application documents. 2. Staff at SOMLA must be made aware of the presence of EpiPens, inhalers, and/or other medications. 3. If students do not have prescription medications with them upon arrival at SOMLA, they will not be permitted to stay at SOMLA. <i>Important Note:</i> Prescription medications must be brought in their original containers bearing the pharmacy label and have specific instructions for use (Child's name, number of pills, prescribing practitioner, pharmacy name, pharmacy name and address, filler's initials, and serial number). 4. Your child will self-administer the medication. Should assistance be needed from SOMLA health services, please describe here:
No	<input type="checkbox"/>	If "no," your child <i>must not</i> be in possession of ANY medication while at SOMLA. You only need to complete and sign page one.

Will your child require *over-the counter* medications while at SOMLA?

Yes	<input type="checkbox"/>	If "yes," I give permission for my child to self-administer any of the over-the-counter medications listed below, in coordination with health services at SOMLA.
No	<input type="checkbox"/>	If "no," we will call you if your child is sick. You may verbally agree at that time that your child may take any over-the-counter medications shown below, in coordination with health services at SOMLA.

List of Over-the Counter Medications:

- Benadryl
- Claritin
- Midol
- Advil
- Pepto-Bismol
- If you believe another over-the-counter medication may be needed, please write it here:
- Tylenol
- Dimetapp
- Excedrin
- Cortaid

I understand and agree with the above criteria and processes regarding the administration of prescription and over-the-counter medication(s) at SOMLA.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Signature: _____

Date: _____

Prescription Medications

This form should be completed by the prescribing physician.

Hello physician,

Your patient has been nominated to participate in the 2026 SUNY Oneonta Migrant Leadership Academy (SOMLA) from July 12, 2026, through July 17, 2026. As such, our health services team requests your assistance, using this form, if your patient must take prescription medication during SOMLA.

Patient Name: _____

Patient Date of Birth: _____

Medication #1

Name of prescription medication:	
General condition for which the medication is prescribed:	
Does the medication require refrigeration?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is there any other information that you think would be helpful for us to understand, in case of emergency, reactivity with other drugs, or otherwise?	

Medication #2

Name of prescription medication:	
General condition for which the medication is prescribed:	
Does the medication require refrigeration?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is there any other information that you think would be helpful for us to understand, in case of emergency, reactivity with other drugs, or otherwise?	

Does your patient require an EpiPen during SOMLA? Yes or No

If "Yes," what is the reason the student requires an EpiPen? _____

Is the patient prescribed by a doctor to self-administer the EpiPen? Yes or No

If "Yes," was a prescription provided? Yes or No

Prescribing Physician's Information

Physician's Name: _____

Office Contact Phone Number: _____

Physician's Signature: _____

Permission and Release

2026 SUNY Oneonta Migrant Leadership Academy

I, the parent or guardian of _____, give permission for my child/dependent to attend and participate in the 2026 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 12th to July 17th, 2026.

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 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

Telephone Day: _____ Evening: _____