



**Initial Student Recommendations and Contract**

**Teacher Recommendations**

**Please have 3 Teachers/Principal recommend you for EXCEL Session**

I believe this student would be a good candidate for this EXCEL Session and would benefit from participation in this experience. This student would also represent themselves, our school, and district well through their effort, respect, and good behavior.

Teacher/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**General Camp/Session Expectations - Student Contract**

Read & Initial:

\_\_\_\_ I understand I will be missing important class instruction while attending camp and I am responsible for maintaining passing grades in my regular classes before and after the session experience. (To include all classwork and homework)

\_\_\_\_ I will follow all rules of my district, EXCEL Alaska, and listen to the EXCEL Staff.

\_\_\_\_ I will fully participate in all learning activities and required sessions activities.

\_\_\_\_ I understand I could be traveling to Aniak/Anchorage/Seward/Soldotna/Palmer or other locations to be determined depending on the Session.

\_\_\_\_ I understand (age 16-18+) at times I will not be in direct supervision with a chaperone and I am still responsible to follow all district and EXCEL Alaska's rules and expectations.

**Student and Parent Consent**

Student applicant and guardian read and agree to the above student contract.

Applicant's signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_



# EXCEL Sessions 2017-18

Student Information	
<b>Name:</b> _____ <small>First MI Last</small>	<b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/> <b>DOB:</b> _____ <b>Age:</b> _____ <b>Ethnicity:</b> White <input type="checkbox"/> African <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/>
<b>Address:</b> _____ _____	<b>Personal Email Address:</b> _____ <b>School Email Address:</b> _____
<b>School Name:</b> _____	<b>Phone:</b> _____
<b>Grade:</b> _____	<b>Check All That Apply?</b> <input type="checkbox"/> I have a State ID Card <input type="checkbox"/> I have an AK Drivers Permit <input type="checkbox"/> I have an AK Drivers License. <input type="checkbox"/> I have a Tribal ID Card <input type="checkbox"/> I have an original Social Security Card <input type="checkbox"/> I have an original Birth Certificate <input type="checkbox"/> I am NCCER Core Certified. NCCER Card # _____
<b>Social Security Number:</b> _____	
<b>Check the EXCEL Session(s) your are applying for:</b> <input type="checkbox"/> EXCEL 7 <input type="checkbox"/> Camp Kick Ash <input type="checkbox"/> EXCEL 8 <input type="checkbox"/> CTE Carpentry/Weld Camp <input type="checkbox"/> EXCEL 9 <input type="checkbox"/> CTE Heavy Equipment Camp <input type="checkbox"/> EXCEL 10 <input type="checkbox"/> Math Science Expedition <input type="checkbox"/> EXCEL 11 <input type="checkbox"/> Kuskokwim Sky Riders <input type="checkbox"/> EXCEL 12	

List Jobs/Careers you would like to learn about:	Emergency Contact - Parent or Guardian
1. _____ 2. _____ 3. _____ 4. _____	<b>Name:</b> _____
<b>List the Colleges/Apprenticeships/Training Programs you would like to learn about:</b> 1. _____ 2. _____ 3. _____ 4. _____	<b>Work Phone:</b> _____
	<b>Home Phone:</b> _____
	<b>Relationship to Applicant</b> _____



# EXCEL Sessions 2017-18

Student Information	



# EXCEL Sessions 2017-18

**Teacher or Counselor Scoring Guide for Student: Please give the student an accurate score. The score will not keep student from attending, but help EXCEL Staff in working with the student.**

	(1) Limited Effort	(2) Developing	(3) Proficient	(4) Advanced
<b>Communication / Lifeskills</b>	<input type="checkbox"/> Does not take on personal responsibility in most cases, and depends on others. <input type="checkbox"/> Has difficulty in any leadership capacity. <input type="checkbox"/> Actions show a lack of communication skills as well as a lack of understanding of their importance.	<input type="checkbox"/> Demonstrates personal responsibility inconsistently. <input type="checkbox"/> Is hesitant to be prompted to complete tasks. <input type="checkbox"/> Applies communication and etiquette skills in some settings.	<input type="checkbox"/> Displays personal responsibility for successful daily living consistently. <input type="checkbox"/> Critiques leadership qualities in a variety of settings. <input type="checkbox"/> Demonstrates effective communication and etiquette skills in class	<input type="checkbox"/> Encourages others in positive ways to take on responsibility. <input type="checkbox"/> Assists others in development of leadership skills. <input type="checkbox"/> Offers assistance to others without being asked.
<b>Problem solving / Decision making</b>	<input type="checkbox"/> Experiences difficulties in dealing with change. <input type="checkbox"/> Does not recognize need for own time management. <input type="checkbox"/> Displays limited ability to of time management, problem solving, decision making, commitment, follow through and work ethic in the classroom and extracurricular events. <input type="checkbox"/> Demonstrates inability to handle stress.	<input type="checkbox"/> Practices flexibility, adaptability, integrity, and resiliency inconsistently. <input type="checkbox"/> Has difficulty with consistency in time management, problem solving, decision making, commitment, follow through and work ethic in the classroom and extracurricular events. <input type="checkbox"/> Finds difficulty in dealing with stress.	<input type="checkbox"/> Demonstrates flexibility, adaptability, integrity, and resiliency (FAIR). <input type="checkbox"/> Practices time management, problem solving, decision making, commitment, follow through and work ethic in the classroom and extracurricular events. <input type="checkbox"/> Recognizes strategies for stress management.	<input type="checkbox"/> Models flexibility, adaptability, integrity, and resiliency in words and actions. <input type="checkbox"/> Implements time management, problem solving, decision making, commitment, follow through and work ethic in the classroom and extracurricular events on a consistent basis. <input type="checkbox"/> Manages stress and helps others.
<b>Teamwork</b>	<input type="checkbox"/> Demands constant prodding to participate with others. <input type="checkbox"/> Does not relate well with others.	<input type="checkbox"/> Participates in limited ways with some prompting in participating with others <input type="checkbox"/> Has occasional difficulty with relationships.	<input type="checkbox"/> Demonstrates teamwork and healthy relationships when participating with others. <input type="checkbox"/> Assists others in need.	<input type="checkbox"/> Serves as a leader in developing teamwork and healthy relationships in class. <input type="checkbox"/> Fosters cooperation and accomplishment.
<b>Goal-setting</b>	<input type="checkbox"/> Does not recognize deadlines. Rarely sets own personal goals.	<input type="checkbox"/> Makes and meets deadlines inconsistently. <input type="checkbox"/> Displays difficulty in setting personal goals and carrying through.	<input type="checkbox"/> Makes and meets deadlines (job shadows). <input type="checkbox"/> Displays ability to set personal goals and carry through.	<input type="checkbox"/> Implement strategies to set and meet deadlines and goals, both individually in class.

Please check any that apply (this information will be kept confidential):

Student has a disability: \_\_\_\_\_ Student has an IEP: \_\_\_\_\_ Student has a 504 Plan: \_\_\_\_\_

Teacher Comments:

---



---

Teacher Name (Printed): \_\_\_\_\_ Teacher Signature: **X** \_\_\_\_\_



# EXCEL Sessions 2017-18

## Media Release Form

Dear Student and Parents/Guardians,

We may be recording (audio, video and digital stills) teacher & student activities associated with, but not limited to the EXCEL Alaska programs. These recordings may be used for educational and informational use in a variety of media from our Website and Newsletters to the EXCEL Alaska videos. All the recorded material is the property of EXCEL Alaska.

Please read the following guidelines and check the corresponding box if you agree/disagree:

- 1. **I give permission for my son/daughter to participate in any tape recording, video recording and photography that may become part of materials or products that could be shared with other school districts and business partners.**
- 2. **I understand the intention of the recordings/photos and the purpose of the programs to be produced, as stated above.**

**I agree** to the guidelines listed above and give permission for my child to participate in any media recordings associated with or obtained by the EXCEL Alaska programs

**I disagree** with the guidelines listed above and do not give permission for my child to participate in any media recordings associated with or obtained by EXCEL Alaska.

**Student Information:**

\_\_\_\_\_ **X** \_\_\_\_\_  
*Student Printed Name* *Student Signature* *Date*

**Parent Information:**

\_\_\_\_\_ **X** \_\_\_\_\_  
*Parent Printed Name* *Parent Signature* *Date*



# EXCEL Sessions 2017-18

## Medical Consent Form

Date: \_\_\_\_\_

Student Name \_\_\_\_\_

Student Birthdate \_\_\_\_\_

Parent's or Guardian Name \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Work Telephone : \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Group #: \_\_\_\_\_

I, legal guardian of \_\_\_\_\_, give consent to emergency medical treatment, hospitalization, or mental treatment as may be necessary for the welfare of my child if he/she is sick or injured. He/she may be treated by a medical provider. I understand that every effort will be made to contact me before treatment; however, if I am unavailable, I give permission for the medical provider to treat my child in the event of an emergency.

I hereby waive on behalf of myself and the above named child any liability of the EXCEL Alaska, Inc. or any of its agents or employees, arising out of such medical treatment.

I hereby give my consent for the above student to engage in ASAA or School District approved interscholastic activities as a representative of his or her school. I also give my consent for the student to accompany the team or group as a member of its out-of-town trips. I understand the Board of Education or ASAA does not carry sports or activity insurance and will not assume responsibility for injuries sustained in the school programs. I also understand that accident insurance coverage is my responsibility.

Please answer the following:

YES NO SPECIFY

1. Does your child have any allergies?   \_\_\_\_\_

2. Does your child have a heart murmur?   \_\_\_\_\_

3. Does your child have rheumatic heart disease?   \_\_\_\_\_

4. Has your child ever had T.B.?   \_\_\_\_\_

Is there anything else we should know about your child's health?   \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Student Behavior & Expectations

(To be reviewed, understood, and signed by all participants)

### What you should not "bring" or "use" or "sell" at any EXCEL Alaska program:

- **Alcohol, Controlled Substances or Drug Paraphernalia.**
- **Weapons, firearms, knives, or any object that poses danger to self and others.**
- **Tobacco Products.** Our EXCEL Alaska program **does not allow** the use of **any type** of tobacco product by **students and staff**. Our position on tobacco use is three-fold:
  - Use of tobacco is in direct opposition to EXCEL Alaska's philosophy of promoting personal wellness and healthy lifestyles.
  - Alaska State Statutes states that it is "illegal to sell, give, trade, or exchange any products (including vending machines) containing tobacco to any person under 19 years of age". If students do currently use tobacco products, we strongly encourage them to discontinue their use immediately.
  - We understand that many students have and/or currently use tobacco products and are aware of the side affects associated withdrawal. Hard candy and gum will be provided to help curb any cravings.

**Consequences for use or possession or sale of alcohol, controlled substances, paraphernalia, weapons or tobacco products:** A student found using or selling or in the possession of alcohol, controlled substances, tobacco products or weapons of any type, while attending EXCEL Alaska activities, will face immediate disciplinary actions, which may include immediate expulsion from the program, as well as possible legal action taken.

### PROGRAM RULES

1. Between 10-11:00 p.m. (or as determined by staff) curfew -lights out, quiet, in bed.
2. After lights out you are not to leave your own floor until breakfast time.
3. Always travel in pairs (or larger groups) unless specifically given instruction and permission to do otherwise.
4. Always inform a staff member of your whereabouts.
5. Disrespecting students, staff or the facilities will not be allowed.
6. No body piercing, hair dyeing, or tattoos while at EXCEL Alaska activities – How you come to EXCEL Alaska Sessions and Camps is how you leave EXCEL Alaska Sessions Camps!
7. No PDA's (public displays of affection)

I have read and understand these expectations and agree to abide by them during my stay with EXCEL Alaska. **I also understand willful violation of these rules may result in my immediate dismissal from the program and expedited return home at my respective school district, parent or guardian's expense.** I also understand I may be subject to further discipline as outlined under my district's Student Decorum Code.

_____ <i>Student Printed Name</i>	<b>X</b> _____ <i>Student Signature</i>	_____ <i>Date</i>
_____ <i>Parent Printed Name</i>	<b>X</b> _____ <i>Parent Signature</i>	_____ <i>Date</i>
_____ <i>School Principal Printed Name</i>	<b>X</b> _____ <i>School Principal Signature</i>	_____ <i>Date</i>

## Packing List -- Things to bring

- Full Winter Gear for travel** between October and May  
Full gear means heavy jacket and snow pants or snow suit, hat, heavy gloves, winter boots.
- Casual clothes**, enough for your stay  
Jeans/other long pants, t-shirts, long sleeved shirts, sweatshirts, socks, underwear & sleepwear
- Athletic clothes**  
Gym shoes, workout pants / shorts / top.
- Personal Hygiene Items**  
Soap, deodorant, shampoo, toothbrush/paste, comb, etc.
- Money for personal spending**  
(Please, no more than a 100 dollars -- Give to EXCEL Staff to put in safe, EXCEL can not replace missing \$)
- Your sense of Adventure and Desire to Learn...**

-----  
*For those attending sessions outside of Aniak please include*

- Swim wear**  
Visits to the swimming pool is a common occurrence
- Professional Clothes**  
Nicer clothes (non t-shirts, no printing on shirts). Pants not worn or faded or torn. Professional / Nice. **(Only 9-12 Sessions)**



### Other Things to Note

**Ipods with headphones are acceptable as designated by the instructors. Cell phones may not be used during class or group activities.**

**Cell phones / Ipods may be checked in with the EXCEL Alaska Staff during the school day and may be checked out during appropriate times.**

**Note: GCI is the only cell service in Aniak. AT&T will not work.**

**Keep This Page**