



# Application

For rising 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> grade students in the Davie County School System • June 21 - 25, 2010

Application must be returned by June 18, 2010.

## Application Directions

1. Complete this application in your own handwriting. Use an additional sheet if necessary.
2. Ask one of your school principals, guidance counselors, or teachers (current or past) to complete the recommendation form (attached). **REQUIRED**
3. Include parent or guardian signature.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade completed by June 6, 2008 \_\_\_\_\_

Mother's Name \_\_\_\_\_

Contact # during camp hours (\_\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_

Contact # during camp hours (\_\_\_\_\_) \_\_\_\_\_

Person responsible for picking student up from leadership program  
\_\_\_\_\_

Emergency Contact (other than parents)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact #s during camp hours (\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Check T-Shirt Size (adult sizes)

- Small     Medium     Large     X-Large  
 Male     Female

List ways that you have been a leader in your class, at school, or in your community. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What three things would you hope to gain from the summer student leadership program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you see yourself making a difference in your community in the future? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Student's Commitment

I understand that participation in this program is voluntary. I will come prepared to learn and be respectful of others. I am aware that inappropriate behavior will not be tolerated and could lead to my dismissal from the program.

\_\_\_\_\_  
Required Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent's / Guardian's Commitment

I have reviewed my son's/daughter's application and acknowledge that the information provided is true and accurate to the best of my knowledge. I support his / her participation in the Student Leadership Academy and understand that inappropriate behavior will not be tolerated.

\_\_\_\_\_  
Required Signature \_\_\_\_\_ Date \_\_\_\_\_

## Registration Process

Each student's application must be accompanied by a recommendation from his/her school principal, guidance counselor, or teacher in order to be considered for the program. Once selected, payment of \$30 must be made in full two weeks prior to the beginning of the program. A \$15 processing fee will be applied to any request for refund. Make checks payable to the DCCC - Student Leadership Academy or by charging to:

MasterCard / Visa Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

3 Digit Code \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_



Submit to:  
Davie Education Center  
120 Kinderton Blvd, Ste. 110 • Advance, NC 27006  
Attention: R. Scott Gantt • Phone 336.751.2885



# Support and Release Form

For rising 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> grade students in the Davie County School System • June 21 - 25, 2010

## Cell Phones, Pagers, and other Electronic Devices

The use of such devices will not be allowed in class. Students found using such equipment during class will be asked to surrender the device to their respective teacher until the end of the daily session. The second offense will result in the student being removed from the class. Should you need to contact your child, please do so by contacting the Davie Campus at 336.751.2885.

## Prescription Medication

Any medication taken during the course of the day must be in the original pharmacy container with the student's name, dosage instruction, and physician's name.

## Non-Prescription Medications

Medications must be in their original packaging with the dosage directions intact. Label each medication container with your child's name and store in a clear plastic bag. Loose medications in a baggie or daily pill dispenser or mixed medications in a single container are not acceptable.

## Special Assistance / Needs

If you have a child with any special physical, emotional, behavioral, mental, or medical needs please contact the College prior to May 30, 2009 in order to discuss. The College is committed to providing a meaningful experience to a wide range of students. Our intentions will be to work with the students and parents to ensure that we more than adequately meet the health needs of all that participate.

## Parental Consent and Waiver

By signing this form below, I attest that my child has read, understands, and will respect the above mentioned information. Furthermore, I understand my responsibilities to the College and release, absolve, and hold harmless Davidson County Community College, their sponsors, partners, heirs, successors, volunteers, agents, and personnel from any and all actions, cause of action, liability or responsibility whatsoever, for any injury, harm, loss, or inconvenience suffered or incurred by the undersigned during or as a result of taking part in the Student Leadership Academy.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## Acknowledgment of Photo and Media Coverage

As a parent of a leadership participant, I am aware that the media may be contacted and invited to attend various aspects of the Leadership Academy. I realize that my child might be photographed or interviewed during those media visits. I am also aware that Davidson County Community College may take photos of my child during the program to use in brochures and other publications for the general public in order to help promote the program. I give my permission for my child to be included in the situations listed above.

Parent's / Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_



Submit to:  
Davie Education Center  
120 Kinderton Blvd., Ste. 110 • Advance, NC 27006  
Attention: R. Scott Gantt • Phone 336 998 3220