

Math Science Expedition Application

August 10, 2017 - August 20, 2018.
(Travel to/from Aniak Aug 10 & Aug 21)



Teacher Recommendation Form: (Turn This in with your application)

	(1) Limited Effort	(2) Developing	(3) Proficient	(4) Advanced
Communication /Lifeskills	<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.
Problem solving / Decision making	<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.
Teamwork	<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.
Goal-setting	<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.

Teacher Comments: _____

Teacher Name (Printed): _____ Teacher Signature: _____

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Student Behaviors and Expectations

Must be reviewed, understood, and signed by all participants.

You are representatives of and ambassadors for you school, teachers, family, community, and self. You are expected to conduct yourself in a responsible and mature manner at all times.

What you "SHOULD NOT" bring to camp:

- **Alcohol, controlled substances or drug paraphernalia;**
- **Weapons, firearms, knives, or any object that poses danger to oneself and/or others;**
- **Tobacco products, including cigarettes, chew, snuff, iqmik, marijuana, etc.** EXCEL Alaska does not allow the use of any type of tobacco product by students or staff. Our position on tobacco is two-fold:
 - Use of tobacco is in direct opposition to EXCEL Alaska’s philosophy of promoting personal wellness and healthy lifestyles.
 - Alaska State Statute 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 use prior to participating in any EXCEL activity.
 - We understand that many students have and/or currently use tobacco products and we are aware of the side affects associated with withdrawal. Hard candy and gum will be provided to help curb any cravings.

Consequences for use or possession of alcohol, controlled substances, paraphernalia, weapons or tobacco products are as follows:

- Immediate disciplinary action, including prompt dismissal from the program;
- Possible legal action.

PROGRAM RULES

1. Curfew is 11:00pm (or as determined by staff) – lights out, quiet, in bed.
2. After lights out, you are not allowed to leave your room 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 and could result in dismissal from the program.
6. No body piercing, hair dying, or tattoos while attending any EXCEL Session or Camp – How you arrive at EXCEL is how you will leave EXCEL!
7. No PDA’s (public displays of affection)

I have read and understand the above 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 that I may be subject to further discipline as outlined under my respective school district’s Student Decorum Code.

Student Name (Please Print)

X _____
Student Signature

Date

Parent Name (Please Print)

X _____
Parent Signature

Date

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Medical Consent Form

Student Name (Please print)

Student Birthdate

Parent/Guardian Name (Please print)

Home/Cell Phone

Work Telephone

Insurance Company

Group Number

Medicaid Number

Emergency Contact Name

Home/Cell Phone

Work Telephone

Please answer the following questions:

- | | YES | NO | Specify |
|---|--------------------------|--------------------------|---------|
| 1. Does your child have any allergies? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Does your child have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Does your child have rheumatic heart disease | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Has your child ever had T.B.? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Is there anything else we should know about your child's health? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

I, parent/legal guardian of _____, give consent to emergency medical treatment, hospitalization, or medical 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 hereby waive on behalf of myself, and the above named child, any liability of EXCEL Alaska or Kus-puk School District, or any of its agents or employees, arising out of such medical treatment.

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE EXCEL ALASKA STAFF THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVEN TREATMENT IS DEEMED NECESSARY. IN ADDITION, I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEM NECESSARY. I ABSOLVE EXCEL ALASKA, INC., KUSPUK SCHOOL DISTRICT AND ITS ASSOCIATES FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD.

EXCEL Alaska, Inc., Kuspuk School District, and their associates are not responsible for medical treatment deductibles or responsible for payment of financial billings of medical treatment received at any time.

X _____
Signature of Parent/Guardian

Date

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Media Consent Form

Dear Students and Parents/Guardians,

We may be recording (audio, video, and digital stills) teacher and student activities associated EXCEL Alaska, Inc. including, but not limited to EXCEL sessions, intensives, and camps. These recordings may be used for educational and informational use in a variety of media ranging from our website, Facebook, and EXCEL newsletters to EXCEL Alaska promotional videos. All recorded material is the property of EXCEL Alaska, Inc.

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 video/tape recording and photography that may become part of materials or products that could be shared with school district and business partners.**
- 2. I understand the intention of the recordings/photos and the purpose of the programs, as state above.**

I agree to the guidelines listed above and give permission for my child to participate in any media recordings/photos associated with or obtained by EXCEL Alaska, Inc.

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

Student Name (Please Print)

X _____
Student Signature

Date

School Name/Location

School District Name

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\_\_\_\_\_  
Parent Name (Please Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code