



Yukon-Koyukuk School District & EXCEL Alaska's Summer XL Camp

WHAT IS THE SUMMER XL CAMP?

Students will spend 28 days learning about a specific career area: Maritime, Industrial Electricity, Culinary Arts, Heavy Equipment Technology. Students will participate in planning for a future career or further education, including post-secondary readiness preparation, job shadowing, job interviewing practice, budgeting lessons, financial aid and scholarship opportunities. Students will have the opportunity to obtain their driver's permit or license. Additionally, students can choose to earn 0.5 credits in English or Algebra I.

HANDS ON INSTRUCTION

Vocational Training. Students can choose from the following options

Maritime

Industrial Electricity

Culinary Arts

Heavy Equipment Technology

Credit Recovery -- Students can obtain 0.5 credits in HS Math or HS English.

English - The goal of this course is to provide you with the strategies necessary to master all levels and types of reading for school and for the workplace. This class is organized so that you can succeed if you carry out the assignments. In other words, anyone can build their reading skills if they will put the time and concentration into it. To do well at college-level work, you have to have quite good reading skills, including how to build your vocabulary and your comprehension. This course will also help you improve your skills for any writing that you do. We will be doing a lot of work on sentence construction and grammar. The purpose of this is to build your mechanical skills in writing so that you will be able to write papers that meet the expectations of your instructors.

Math -- Algebra I - thoroughly covers addition, subtraction, multiplication and division of real numbers including exponents, square roots, and order of operation. Students will also understand properties of real numbers, simplifying expressions, solving linear equations, solving for slope when given two points and creating linear equations in y-intercept form. Algebra II requires a solid foundation in elementary algebra. It includes sets of inequalities and interval notation, absolute value equations and inequalities, graphs of equations, functions of graphs, graphing and solving linear and quadratic functions, solving systems of equations using substitution and elimination method, solving applied problems using two equations and two variables, factoring trinomials, and applications of polynomial equations and functions. College Prep Math --

A 35-hour intensive review of math concepts. Covers pre algebra and elementary algebra topics to prepare qualified students to potentially improve their math course placement. Students should have a history of being successful in equivalent levels of math, although they may not recall enough information to place well on the placement test. Students who are successful in this class have the possibility of advancing through one or two semesters of development math. Prerequisites: Placement into DEVM F054 or DEVM F055.

Career /Transition Planning – Students will work specifically on career placement and transition planning, including post-secondary readiness preparation, job shadowing, job interviewing practice, budgeting lessons, financial aid and scholarship opportunities. PLCP will be developed. Students will also explore careers utilizing AKCIS and local businesses in the Soldotna / Kenai area.

Drivers Education – We will tailor to your needs. Whether you are looking to just obtaining a State ID, AK Drivers Permit, Provisional AK Drivers Permit, or a AK Drivers License. Those with a permit in hand can participate in 6 hours of actual driving experience and take the DMV drivers test.

Employability/Leadership/Soft Skills Training – Students will participate in activities focused on communication, teamwork, problem-solving, consensus building, time management, work ethic, safety and self-discipline.

WHERE DOES THIS HAPPEN?

This camp takes place in Seward at the AVTEC campus.

WHEN?

June 10th – July 8th, 2016

WHO CAN PARTICIPATE?

Students entering 10th-12th grade (current 9th-11th graders)

DOES THIS OPPORTUNITY COST ANY MONEY?

No. All student travel, room and board, books, fees will be paid for as long as students abide by all rules.

WHAT ARE OTHER REQUIREMENTS?

- Students must have a minimum of 2.0 GPA and not be failing any classes.
- Students must not have any discipline issues.
- Students must not have any unexcused absences, have less than 5 tardies, and less than 5 excused absences per quarter.
- Students who have not completed or were sent home from any YKSD 2017 events are not eligible.

WHEN IS THE REGISTRATION/APPLICATION DUE?

This is a first come first served process with no applications accepted after Wednesday, 5/17/17. Directions for the application packet are found on page 3. Please scan completed application packets (pages – see attached) to Patty Woody, CTE Coordinator at pwoody@yksd.com. An email will be sent with notification of the receipt of the application.

QUESTIONS?

Please contact Patty Woody, YKSD CTE Coordinator at 907-374-9435 or pwoody@yksd.com.



Yukon-Koyukuk School District & EXCEL Alaska's Summer XL Camp

Application Directions:

Fill out the following forms, checking them off as they are completed. Return all completed forms to Patty Woody, CTE Coordinator, by scanning to pwoody@yksd.com by corresponding deadline.

Checklist of Application Forms:

Student Name: _____

Checklist of Application Forms:

Student Name: _____

- YKSD Form: Student Application & Medical Consent (Page 4)
- YKSD Form: Parent/Student Contract (Page 5)
- YKSD Form: Request for Administration of Medication (Page 6)
- YKSD Form: Personal Narrative (Page 7)

- EXCEL Application Summer XL Bridging Camp Student Application (Page 8)
- EXCEL Application Teacher Recommendation (Page 9-10)
- EXCEL Parent Recommendation Form (Page 11)
- EXCEL Student Behaviors and Expectations (Page 12)
- EXCEL Medical Consent Form (Page 13)
- EXCEL Media Consent Form (Page 14)
- EXCEL Visitation Permission Form (Page 15)
- EXCEL Registration & Release Form (Page 16)
- EXCEL City of Kenai Fire Dept. Confidentiality & Verification (Page 17)
- EXCEL Release Kenai Peninsula Borough (Page 18-20)
- EXCEL DMV Parent/Guardian Consent for a Minor (Page 22 – Optional)

The applications will be reviewed based on the following criteria (see the attached rubric):

- Grades
- School Attendance
- School & Community Behavior
- Teacher, Counselor, and/or Principal Recommendations
- Personal Narrative
- Completeness of Application
- Other offering and camp participation



**Yukon-Koyukuk School District &
EXCEL Alaska's Summer XL Camp
Application Rubric**

Category	Excellent 10 points	Good 8 points	Fair 6 points	Poor 4 points	Total
Application Completeness	All pages complete*	-	-	-	
Grades	3.5 or better	3.0 – 3.5	2.5 – 3.0	2.0-2.5	
Attendance	No absences & no tardies	1-2 absences OR 1-2 tardies	1-2 absences AND 1-2 tardies	3-4 absences and tardiest	
School & Community Behavior (Based on principal, counselor, &/or community/tribal recommendation)	Principal, Counselor, and/or community All advanced ratings	Principal, Counselor, and/or community mostly proficient ratings	Principal, Counselor, and/or community mostly developing ratings	Principal, Counselor, and/or community mostly limited effort ratings	
Teacher Recommendation	All Advanced Ratings	Mostly proficient ratings	Mostly developing ratings	Mostly limited effort ratings	
Personal Narrative	4-5 paragraphs, no spelling or grammar errors, sentence structure always flows and always makes sense	3-4 paragraphs, 2-3 spelling or grammar errors, sentence structure mostly flows and mostly makes sense	3 paragraphs, 4-7 spelling or grammar errors, sentence structure somewhat flows and somewhat makes sense	3 paragraphs, 8 or more spelling or grammar errors, sentence structure never flows or makes sense	
GRAND TOTAL					

*** All pages of the application must be complete for the application to be considered. Incomplete applications will NOT be considered.**



Yukon-Koyukuk School District & EXCEL Alaska's Summer XL Camp

Application & Medical Consent

Name: _____ School: _____

Grade (this year): _____ Male Female (circle one) Student Cell Phone: _____

Parent/Guardian Names _____

Home Mailing Address: _____

Home Phone: _____ Parent/Guardian Cell/Work Phone: _____

Birth Date: _____

I/We _____ give consent for our student to participate in
(Parent/Guardian of Student)

the EXCEL Session. We understand that the EXCEL Session will take place June 11th – July 9th, 2016 in Kenai.

I/We understand that the above named student will abide by the rules and regulations as established by the school, the CSC, and the chaperones; should the above student not follow the rules and regulations, the school district will not be liable for the student's misconduct. We understand that we will be responsible for the cost of early transportation home if this should be necessary.

I/We consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence, as a member of this session, and hereby waive on behalf of myself and the above named student any liability of the Yukon-Koyukuk School District and Kuspuk School District, any of its agents or employees, arising out of such medical treatment.

I/We understand the local Board of Education or ASAA does not carry field trip, sport or activity insurance and will not assume responsibility for injuries sustained in this school activity or field trip. I/We also understand that accident insurance coverage is my responsibility.

Insurance Company: _____

Policy & Group #/ID: _____ Medicaid #: _____

Emergency Contact Name: _____ Phone Numbers: _____

To the fullest extent permitted by law, I/we (parent/guardian) agree to defend, indemnify and hold harmless the Yukon-Koyukuk School District and the Kuspuk School District, its elected and appointed officials, employees, and volunteers against any and all liabilities, claims, demands, lawsuits, or losses, including costs and attorney fees incurred in defense thereof, arising out of or in any way connected or associated with this activity.

Signature of Parent or Guardian

Date signed



Yukon-Koyukuk School District & EXCEL Alaska's Summer XL Camp Parent/Student Contract

Program Rules and Regulations:

1. I understand that there will be no overnight visiting with friends while participating in the XL Summer XL Bridging Camp.
2. I will follow the rules and regulations of my school.
3. I will keep regular attendance at the on-line classes.
4. I will follow curfew regulations for the program.
5. I will not possess or use any drugs, alcohol, tobacco, or weapons while participating in the Session.
6. I understand that violation of any state, federal, or municipal laws; such as stealing, shoplifting, etc., will result in my immediate removal from the Session at my parent/guardian's expense.
7. I understand that my property is my responsibility, and that YKSD and EXCEL Alaska/KSD are not responsible for any items that are lost, damaged or stolen.
8. I will show respect, honesty, courtesy, and cooperation toward my fellow students and all Session staff and course staff.
9. I understand that I will not be allowed to drive a motorized vehicle while participating in the Session.
10. I will practice good health and hygiene habits, including limiting sugary snacks.
11. I will use appropriate language at all times.
12. I understand that once I have been accepted and agree to attend if I cancel or want to change my travel, the change or cancellation fees will be my responsibility.

I CERTIFY THAT ALL OF THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT I HAVE READ AND UNDERSTAND THE ABOVE STATED RULES AND REGULATIONS. I REALIZE THAT ANY VIOLATION OF THESE RULES MAY RESULT IN MY BEING DISMISSED FROM THE PROGRAM AT THE PARENT/GUARDIAN'S EXPENSE.

Student Signature

Date

Parent/Guardian Signature

Date



Yukon-Koyukuk School District & EXCEL Alaska's Summer XL Camp Request for Administration of Medication

If this form is properly completed and returned to the Department of State and Federal Programs, the Yukon-Koyukuk School District and Kuspuk School District/EXCEL Alaska may assist parents when their student's physician has prescribed medication for the student. The medication will only be given if it is delivered to the Session Chaperone in the original bottle marked with the student's name, dosage, time of administration, physician, pharmacy, and date of purchase.

Name of Student: _____ Birth date: _____

1. List any activity that should be restricted:

 2. List any allergies the camper has:

 3. List all medications the camper must bring, with instructions and dosage instructions:

 4. List medications to which the camper is allergic:

 5. Give the name and number of a friend or relative who may be contacted in case you are unavailable:

 6. List date of last tetanus immunization: _____ (must be current, 10 yrs).
1. Do you give permission for over-the-counter medicine to be administered:
 - a. Tylenol ___yes ___no
 - b. Benadryl ___yes ___no
 - c. Bacitracin ___yes ___no

HEALTH STATEMENT. * To the best of my knowledge, my student: _____ is in good health and is able to participate in all academy activities, within limitations as listed.

Statement of Parent/Guardian

As parent/guardian (circle one) of the above named student, I do hereby request that the school district give medication to the above named student. I understand that the school district is not legally obligated to administer medication to the student, and in the absence of the school nurse, other school personnel will administer the medication. I agree not to institute suit against the school district for administration or non-administration of the medication, to defend and hold the school district harmless from any liability resulting from the administration or non-administration of the medication, and to defend and indemnify the school district and its employees from any liability arising out of this agreement. I will notify the CTE Coordinator if the medication is changed.

Signature of Student

Date

Signature of Parent/Guardian

Date

Home Phone

Work Phone



Yukon-Koyukuk School District & EXCEL Alaska's Summer XL Camp Personal Narrative

In 3-5 paragraphs describe why you would like to attend the session, how it will help you with your future, why you are the TOP applicant, and what benefit it would be to you. Note: You may attached a type written narrative instead of this form.

Student Information

Student Name		Mailing Address	
City	State	Zip Code	
Birth Date	Grade	Social Security (needed to obtain college credit)	Email Address

Student State ID# (obtain from school counselor): _____

Ethnicity: White African Hispanic Asian American Indian/Alaska Native
 Native Hawaiian/Pacific Islander Two or More Races

High School Information: _____

Name of School

Mailing address, City, State, Zip Code

Telephone Number of School (area code and number)

Please obtain from School Counselor	Student State ID#	SAT/ACT Scores (if taken)
	Work Keys Scores (if taken)	

Please choose the strand/class you would like to take. **Put a 1 for your first choice, 2 for your second choice, 3 for your third choice, and 4 for your fourth choice.** RETURNING STUDENTS: Please do not repeat classes!

PLACE A NUMBER IN EACH BOX

Maritime
 Industrial Electricity
 Culinary Arts
 Heavy Diesel Technology

Check **all** that apply:

I have a State ID Card (**I will bring it**)
 I have a valid AK Drivers Permit or License (**I will bring it**)

Check below **only if you DO NOT** have a State ID Card or Valid AK Drivers Permit or License:

I have a Tribal ID Card (**I will bring it**)
 I have an **original** Social Security Card (**I will bring it**)
 I have an **original** Birth Certificate (**I will bring it**)

THE CONFIDENTIALITY OF ALL INFORMATION REQUESTED IN THIS APPLICATION IS PROTECTED BY AS 23.15.190 AND 34 CFR 361.38, AND COMPLIES WITH 45 CFR 164.508.

Turn completed application into your principal or counselor.

Teacher Recommendation Form

Student Name _____

School District/Site _____

Recommending Teacher
 Page 1 _____

Date _____

	(1) Limited Effort	(2) Developing	(3) Proficient	(4) Advanced
Communication & Life Skills	<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 lack of communication skill 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 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 when dealing with change. <input type="checkbox"/> Does not recognize need for own time management. <input type="checkbox"/> Displays limited ability to demonstrate time management, problem solving, decision-making, commitment, follow-through and work ethic in the classroom and extra-curricular events. <input type="checkbox"/> Demonstrates an inability to handle stress.	<input type="checkbox"/> Practices flexibility, adaptability, integrity, and resilience 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 resilience. <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"/> Actively models flexibility, adaptability, integrity, and resiliency in words and actions. <input type="checkbox"/> Displays and encourages 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.

Teacher Recommendation Form

Student Name _____

School District/Site _____

Page 2

	(1) Limited Effort	(2) Developing	(3) Proficient	(4) Advanced
Teamwork	<input type="checkbox"/> Demands constant prodding to participate with others. <input type="checkbox"/> Has difficulty getting along with others.	<input type="checkbox"/> Participates in limited ways with some prompting when engaging with others. <input type="checkbox"/> Has occasional struggles getting along with others.	<input type="checkbox"/> Displays 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 and extracurricular activities. <input type="checkbox"/> Fosters cooperation and accomplishment.
Goal-Setting	<input type="checkbox"/> Does not recognize deadlines. <input type="checkbox"/> Rarely sets own personal goals.	<input type="checkbox"/> Makes and meets deadlines inconsistently. <input type="checkbox"/> Displays difficulty in setting personal goals and carrying them through.	<input type="checkbox"/> Makes and meets deadlines on a regular basis. <input type="checkbox"/> Displays the ability to set personal goals and carry them through.	<input type="checkbox"/> Implements strategies to set and meet deadlines and goals, both individually, and 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 (Please Print)

X _____
 Teacher Signature

 Principal Name (Please Print)

X _____
 Principal Signature

Parent Recommendation

This information gives the EXCEL staff insight as to the applicant’s personality and potential. Please help us with the selection process by providing accurate and current information.

Student Name

Parent/Guardian Name

Why do you support your child’s participation in the EXCEL Summer Bridging Camp?

Participation in the program will require students to live away from home for 4 weeks. Do you have any concerns regarding your son/daughter’s ability to handle the extended absence from home?

What extra-curricular activities (basketball, volleyball, NYO, student government, etc.) has your child participated in?

Does your son/daughter have any major medical issues or addictions (tobacco, drug, and/or alcohol)?

I have read, understand and discussed the information in this application with my son/daughter. I support and agree to his/her participation in all activities, both academic and recreational, if my child is selected to participate.

X _____

Parent Signature

Date

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.

	X	
Student Name (Please Print)	Student Signature	Date
	X	
Parent Name (Please Print)	Parent Signature	Date

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"/>	_____
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 Kuspuk 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

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.

_____ X _____
 Student Name (Please Print) Student Signature Date

_____ School Name/Location _____ School District Name

_____ X _____
 Parent Name (Please Print) Parent Signature Date

_____ Address

_____ City _____ State _____ Zip Code

Visitation Permission Form

ON-CAMPUS VISITS ONLY DURING SCHEDULED VISITATION HOURS

Scheduled on-campus visitation occurs daily (time TBD) Sunday through Thursday. All visitors must:

- ✓ Sign in and be on the student's visitation permission form;
- ✓ Show identification;
- ✓ Stay within the set EXCEL Camp boundaries (campus boundaries);
- ✓ Not go into dorm rooms or private places.

WEEKEND CHECK-OUTS ARE LIMITED TO FAMILY MEMBERS (21 YEARS OR OLDER) ONLY

Weekend checkouts may start at 5:00pm on Friday. Students must arrive and be signed back on to campus by 5:00pm on Sunday.

In order to be checked out the visitor must:

- ✓ Be listed on the Visitation Permission Form as OK for weekend check-outs;
- ✓ Be a mother, father, guardian, brother, sister, aunt, or uncle;
- ✓ Be 21 years of age or older;
- ✓ The checking the student out must be physically present in order to complete the checkout;
- ✓ Show picture identification (Alaska Driver's License, State ID)

PARENT/GUARDIAN AGREEMENT:

I, _____, hereby give permission for the following adults, 21 years or older, to
Print Parent/Legal Guardian Name
 visit my son/daughter _____ during EXCEL Summer Bridging Camp.
Print Student's Name

I have read the EXCEL Visitation Policy and support this process for allowing our friends and/or family to visit my child during the program.

X _____
 Signature of Parent/Guardian Date

STUDENT AGREEMENT:

I, _____, agree and would like the following friends and family members to visit with
Print Student's Name
 me this summer while I attend Summer XL Camp. I have read the visitation policy and agree to abide by this policy during the entirety of the camp.

X _____
 Signature of Student Date

FRIEND/FAMILY NAME	On Campus Visitation	Weekend Checkout
1. _____	_____ YES / _____ NO	_____ YES / _____ NO
2. _____	_____ YES / _____ NO	_____ YES / _____ NO
3. _____	_____ YES / _____ NO	_____ YES / _____ NO
4. _____	_____ YES / _____ NO	_____ YES / _____ NO
5. _____	_____ YES / _____ NO	_____ YES / _____ NO