

DUCA PARENT COMMITMENT AND PERMISSIONS FORM

*Both sides of this form must be completed and returned by March 1, 2010 to:
College of IST, DUCA c/o: Miguel Vargas, 3141 Chestnut St., Philadelphia, PA 19104*

Student's full name (please print): _____

PARENTAL RESPONSIBILITIES:

1. TRANSPORTATION: I will provide transportation to the Drexel University campus for arrival on June 27, 2010, between 8:00 AM and noon, and for departure on July 31, 2010, between 8AM and 3 PM. **I understand that because of the procedures involved I will not make a special request to drop off or pick up my child at times other than these.** The parents of students arriving by bus, train or air must contact the DUCA office so that the student can be picked up by DUCA personnel at the terminal. Students may not arrive in vehicles they drive themselves. If there are any questions, please contact DUCA.
2. ORIENTATION: I will make every effort to accompany my child to Drexel University on Registration Day, **June 28, 2009.**
3. VISITATION AND LEAVES: Visits to the program will be limited to Visiting Days, which will be announced later. **I WILL REFRAIN FROM REQUESTING THAT THE STUDENT BE PERMITTED TO LEAVE CAMPUS DURING THE PROGRAM, EXCEPT IN THE CASE OF AN EXTREME EMERGENCY. PARENTS ARE NOT PERMITTED TO ATTEND CLASSES OR PROGRAM ACTIVITIES, EXCEPT FOR THE SPECIFIED VISITING DAYS.**
4. RELIGIOUS OBSERVANCES: I understand that students are permitted up to three hours each week for religious observances which occur during class time. If the student should miss class (es) for religious reasons, the student is expected to make up the time lost from the class period as soon as possible.
5. MONETARY: I will assume the costs of transportation (No. 1 above) and medical attention. I will provide the student with sufficient pocket money to cover costs of coin-operated laundry facilities and personal needs. I understand that the DUCA tuition provides room, board, classroom materials, and transportation for program activities. **RESIDENTIAL LIFE DEPOSIT:** I will provide by March 1, 2010, a residential life security deposit in the amount of \$75 to cover possible cost of lost room keys, ID card or unreturned linens. Furthermore, I will pay to Drexel University the costs of damaged or lost property incurred by the student.
6. HEALTH CARE AND MEDICAL EMERGENCIES: I will supervise the timely completion of the DUCA Student Health Record and sign Part III, the Parental Authorization for Emergency Medical Attention and Statement of Responsibilities. I will provide insurance information. I authorize the program's health service to make an appointment with a physician or appropriate caregiver for a medical emergency. I will pay all costs for medical treatment not otherwise covered under a family insurance policy, and I understand that I will be billed directly. Furthermore, I will accept the decision of the DUCA Director to send the student home in the case of a medical emergency if so recommended by health professionals. I will provide immediate (within 24 hours) transportation home at my expense in such a situation.
7. ADMINISTRATIVE SUPPORT: I will accept the decision of the Director to expel the student if his or her actions are not in compliance with DUCA policies. I will provide immediate transportation home (within 24 hours) at my expense if my child is expelled. I accept the decision of the Director to remove my child from all program activities while awaiting transportation home. I understand that a student who misses three days of the program may be sent home at the discretion of the Director.

I give my permission to my son/daughter to accept the full-scholarship award to attend the Drexel University Computing Academy, June 27–July 31, 2010 University in Philadelphia, PA. As parent/guardian I agree to accept the responsibilities outlined above and those in the DUCA Policies. I understand that smoking is not allowed at this program.

PARENT'S/GUARDIAN'S FULL NAME (printed) _____

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE: _____

(OVER)

DUCA PARENT COMMITMENT & PERMISSIONS FORM, continued from other side

PARENTAL CUSTODY AND VISITATION INFORMATION

If the student does not reside full-time with both natural parents, please describe the terms of the custodial arrangement as it would relate to visitation days, transportation, permissions and emergencies: _____

IF YOU CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, PLEASE NAME SOMEONE WHO CAN ACT IN YOUR PLACE AND/OR PROVIDE TRANSPORTATION AS NEEDED:

Name (printed) _____	Relationship _____
Street Address _____	Telephone (home) _____
City/State/Zip _____	(work) _____

WHO OUTSIDE OF YOUR IMMEDIATE FAMILY HAS PERMISSION TO VISIT THE STUDENT ON VISITING DAYS? BE SURE TO STATE THE RELATIONSHIP AND WHETHER THE STUDENT MAY RIDE IN A CAR DRIVEN BY THE INDIVIDUAL(S).

NAME	RELATIONSHIP	TRANSPORTATION:	
		Yes	No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there are additional names, please attach a letter listing the following information: The student's name, the names of the visitors, their relationship to the student, and whether the student may ride in a car with these individuals. Please sign and date the attachment.

PERMISSIONS

In signing this form and permitting my child to attend DUCA, I give my permission for the following:

1. TRANSPORTATION: My child may be transported locally and on field trips sponsored by the program. I understand that all vehicles will be operated by responsible personnel, and that all trips and excursions will be adequately chaperoned by the DUCA I staff. (Policies regarding when, and under what circumstances, students are permitted to go off campus are contained in the student handbook, to be mailed to you upon receipt of this form in the DUCA offices.)
2. PHOTOGRAPHS & VIDEOS: My child may be photographed or videoed for DUCA publications, news media, or for any other materials used to inform the public about the Governor's Schools' role as an educational institution.

OPTIONAL PERMISSION FOR RELEASE OF STUDENT INFORMATION: Please indicate below whether you grant permission for the Pennsylvania Governor's Schools of Excellence office to release your child's name and address to educational institutions which would like to share their admissions materials with the student.

PERMISSION GRANTED _____ **PERMISSION WITHHELD** _____

Parent's Signature

Student's Name

Date