Dear Parent/Guardian,

We are Blugold Beginnings and we are excited to help your child maximize their educational experience as well as help them prepare for future educational experiences! The services that we provide are absolutely free and are geared to help your child succeed and increase the number of opportunities that are available to them throughout their life!

This school year we will be providing tutoring during school hours for all students who are enrolled in our program as well as an afterschool program and many other great services. Since one of our main goals is to help students realize that higher education is attainable for them, we will also be helping your student develop their college and career knowledge.

Sometimes your student will not have enough time during the school day to finish all of their studying and homework, so we have decided to extend our programming! Blugold Beginnings will be partnering with Wisconsin Educational Opportunities Program (WEOP), and will be offering an after school program. The program will run from **3:00 - 4:30 PM** and will provide bus transportation to a location near you afterwards! The after school program will also provide snacks and fun activities for your student to take part in.

**Here are some of the services we provide during school hours!**

- Homework assistance
- College knowledge games and activities
- Positive role models

**Here are some of the things that the after school program will offer!**

- Homework assistance
- College knowledge
- Fun games and activities
- Snacks
- A safe place to interact with peers
- Positive role models
- Monthly events (free sporting events, musical performance etc. on campus)

Attached are enrollment application materials for the Blugold Beginnings program as well as the after school program.

Please read and fill out the forms. In order to best serve your family; we would like the enrollment application materials returned by September 13th.
Please fill out the forms on the following page and return them to Blugold Beginnings.

If you are mailing these forms to us:

Send it to:  **Blugold Beginnings**  
University of Wisconsin-Eau Claire  
105 Garfield Ave. Brewer Hall 50  
Eau Claire WI 54702-4004

If you are faxing these forms to us:

Fax it to:  (715) 836 - 5225

If you are sending these forms with your child:

Send this document with your child to the main office at their school.

(If your student attends South Middle School, please have them drop it off at the attendance office.)
# Blugold Beginnings Student Application

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name, Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender _____ Male</td>
<td>_____ Female</td>
</tr>
<tr>
<td>Student ID #:</td>
<td>Student Social Security #:</td>
</tr>
<tr>
<td>2013-2014 Grade:</td>
<td>Name of School and School District:</td>
</tr>
<tr>
<td>Race/Ethnicity:</td>
<td></td>
</tr>
<tr>
<td>1. _____ African American/Black</td>
<td>6. _____ Mexican, Mexican-American, Chicano/a</td>
</tr>
<tr>
<td>2. _____ American Indian/Alaska Native</td>
<td>7. _____ Other Hispanic or Latino/a</td>
</tr>
<tr>
<td>3. _____ Hawaiian/Pacific Islander</td>
<td>8. _____ White</td>
</tr>
<tr>
<td>4. _____ Hmong</td>
<td>9. __________________________________</td>
</tr>
<tr>
<td>5. _____ Other Asian</td>
<td></td>
</tr>
<tr>
<td>Area(s) student needs additional support (i.e. math, organization, study skills, time management, etc.)</td>
<td>Is your family eligible for free or reduced meals?</td>
</tr>
<tr>
<td>Has guardian 1 graduated from a four year college? _____ Yes _____ No</td>
<td>Has guardian 2 graduated from a four year college?</td>
</tr>
<tr>
<td>Primary Contact Name (Last, First):</td>
<td>Secondary Contact Name (Last, First):</td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td>Relationship to Student:</td>
</tr>
<tr>
<td>Language(s) Spoken:</td>
<td>Language(s) Spoken:</td>
</tr>
<tr>
<td>Address, City, State, Zip:</td>
<td>Address, City State, Zip:</td>
</tr>
<tr>
<td>Primary Phone:</td>
<td>Primary Phone:</td>
</tr>
<tr>
<td>Secondary Phone:</td>
<td>Secondary Phone:</td>
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</tbody>
</table>

Please attach a list of any allergies (food or other) and any other special accommodations (academic or other) needed to support the student during Blugold Beginnings programming.
UW-Eau Claire’s Blugold Beginnings (BB) Student & Parent/Guardian Agreement

As Parent/Guardian, I understand that my child will meet individually or in-group settings at school with Blugold Beginnings mentors and staff. I authorize permission for the following:

• As a requirement to participate, I authorize the release of my child’s academic records and standardized test scores to Blugold Beginnings for advising and program reporting purposes: _____Yes _____No

• I authorize my child to participate with program research involving regular survey completion. I understand they will be voluntarily participating and able to back out at any time without any penalty. There is no foreseen risk for participating in this program, and my child may complete program surveys to be used for this research: _____Yes _____No

• I authorize Blugold Beginnings staff to transport my child on an as-needed basis. This includes releasing from any and all liability for any injury or damages whatsoever arising from any participation in the program: _____Yes _____No

• I authorize Blugold Beginnings to take photos and video of my child while participating in BB events and to use these photos for promotional purposes related to BB: _____Yes _____No

• I give permission for my child to attend all 2013-2014 Blugold Beginnings events, both on the UW-Eau Claire premises and other venues. I release Blugold Beginnings staff, UW-Eau Claire and volunteers from any liability in case of accident during activities related to Blugold Beginnings. _____Yes _____No

• I am interested in receiving information about additional pre-college programs and scholarship opportunities. _____Yes _____No

As a participant in BB and as a parent or guardian of a participant, you and your child agree to the following:

1. To strive for excellence in college readiness during participation with the program.
2. To keep my appointments with by BB Mentor and to be on time.
3. To provide a note prior to absence from parent/guardian to be excused from mentoring.
4. To maintain good conduct in school, during all BB mentor sessions and events.
5. To keep open lines of communication between student, parent/guardian and BB staff about student progress, special events and schedule changes.
6. To work in full cooperation with the BB program objectives.
7. To accept dismissal if any program rules are violated.

As the parent/guardian of participating student, I declare that all information provided on this form is correct to the best of my knowledge. I understand and agree that this permission and agreement shall remain in effect and accurate until invalidated in writing by parent/guardian.

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>Date Signed:</th>
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</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Signature:</th>
<th>Date Signed:</th>
</tr>
</thead>
</table>
After School Permission Form

Will your student be attending the after school program? (Please circle one)

Yes  No

Please circle the days your student will be attending if they plan on doing so.

Middle School

Altoona Middle School: Only Mondays  Only Wednesdays  Both
Delong Middle School:  Only Tuesdays  Only Thursdays  Both
Northstar Middle School: Only Tuesdays  Only Thursdays  Both
South Middle School: Only Mondays  Only Wednesdays  Both

High School

Memorial High School: Only Mondays  Only Wednesdays  Both
North High School: Only Tuesdays  Only Thursdays  Both
CONDUCT FOR AFTERSCHOOL
The purpose of the Blugold Beginnings Program is to educate and inspire students, to believe that a post-secondary education is important, attainable, and available to them. In order to help make higher education attainable and available to your child, we are providing tutors and mentors in various programs to help your child succeed in school and in their future. During your student’s participation in our programs, they must adhere to our rules of conduct.

RULES OF CONDUCT
1. Must maintain school dress code.
2. Profanity, abusive language, obscene gestures, and suggestive slogans on apparel or accessories are never allowed.
3. Show a positive attitude, be respectful and courteous.
4. Do not leave the group unless permission is granted, and have unauthorized visitors without the consent of the advisor.
5. No alcoholic beverages, tobacco, or controlled substances are allowed.
6. Damage or vandalism to property of others will become the responsibility of the participant.
7. Rowdiness in the room or corridors will not be permitted.
8. Blugold Beginnings will have full authority to enforce all rules/policies.

POSSIBLE CONSEQUENCES
1. Conference with advisor.
2. Phone call to parent.
3. Suspension from the Blugold Beginnings program.
4. Police referral when necessary.

PARENTS/GUARDIANS
Please review these policies with your son or daughter and ask for his/her cooperation. They are to make no assumptions. If not sure of the policy, ask the Blugold Beginnings staff. Thank you for your support.

HOLD HARMLESS CLAUSE
I/we waive any damages and hold Blugold Beginnings, the school district, their agents, and employees, harmless from any damages or liabilities arising whatsoever in any action or proceeding brought by ourselves or on behalf of our son/daughter or by a third party relating to acts of our son/daughter based upon any and all acts and events occurring during participation in the Blugold Beginnings after school program.

PERMISSION TO BE ENROLLED IN BLUGOLD BEGINNINGS AFTER SCHOOL PROGRAM
I/we grant permission for my/our child to participate in the Blugold Beginnings After School Program.

Child’s Name: ____________________________________________

School: _______________________________________________

Grade: ____________________________________________

Parent/Guardian Signature: ____________________________________________
Blugold Beginnings Programming Schedule
(For your refrigerator)

School Hours Programming

Programming that takes place during school hours will differ for each school and student, but no programing will interfere with any of your child’s classes.

School After School Program Days, Times, and Locations

**Altoona Middle & High School**
Days: Mondays and Wednesdays
Times: 3:00 to 4:30
Location: Library

**Delong Middle School**
Days: Tuesdays and Thursdays
Times: 2:50 to 4:30
Location: To be determined due to construction

**North High School**
Days: Tuesdays and Thursdays
Times: 3:00-4:30
Location: Learning Center

**Northstar Middle School**
Days: Tuesdays and Thursdays
Times: 2:50 to 4:30
Location: Designated class room and the library

**South Middle School**
Days: Mondays and Wednesdays
Times: 2:50 to 4:30
Location: Cafeteria

**Memorial High School**
Days: Mondays and Wednesdays
Times: 3:00-4:30
Location: Library

After School Bus Drop-off locations will be provided soon!
INSTRUCTIONS TO THE STUDENT AND PARENT/GUARDIAN:
Read instructions below. DO NOT MAIL YOUR APPLICATION TO THE DPI/WEOP OFFICE. This will only prolong the child from applying for the DPI Precollege Scholarship and it is based on a first-come first-serve through the college.

INSTRUCTIONS FOR COLLEGE USE ONLY:
Mail application to:

ATTN: MARY LOU HYATT

You may receive a maximum of three DPI Precollege Scholarships per year.

STUDENT / PARENT INSTRUCTIONS: Student must be eligible for Free or Reduced Price School Meals and, must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out Section I—Student Information completely. Parent/Guardian must sign in the space provided. Give this form to your principal, food services authorized representative at your school for completion of Section II. Once the signature is acquired through your middle or high school, mail it to the college that is coordinating for the precollege course your child is applying to attend.

When the college receives your application for the precollege course they will enter you into their program and mail the application to the DPI/WEOP personnel who will enter it into the DPI/WEOP database for Precollege Programs. Only then will the child be in our system for repayment for precollege courses to the colleges who are participating through the DPI/WEOP program.

### I. STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Name Last</th>
<th>First</th>
<th>Middle Initial</th>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Date of Birth</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
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Check only one (For Statistical Purposes)

- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African-American
- [ ] Native Hawaiian/Other Pacific Islander
- [ ] White

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<thead>
<tr>
<th>Current Grade Level</th>
<th>Anticipated Year of High School Graduation</th>
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<tr>
<td>5</td>
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<td>7</td>
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<tr>
<th>School Presently Attending</th>
<th>School District Name</th>
<th>College Program</th>
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I HEREBY AUTHORIZE release of my child’s verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian

Date Signed Mo./Day/Yr.

### II. VERIFICATION AND RECOMMENDATION

Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member:

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the College or University where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals? [ ] Yes [ ] No

I have verified that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.

Name of Authorized Representative

Title

Telephone Area/No.

Verification Signature

Date Signed Mo./Day/Yr.