



September 2009

Dear Prospective S.T.A.R. Parent(s) and Student: **(New Applicants Only)**

Thank you for your interest in the 2009-2010 S.T.A.R. Academy. This packet includes the following information you must complete and/or submit to us as a new S.T.A.R. Academy Tutee:

- an application - filled out by applicant & signed by parent/guardian
- student contract - signed by the applicant and parent/guardian
- release of information form - completed, initialed by parent/guardian on line specified, and signed by student & parent/guardian
- a recommendation form - filled out by a teacher or guidance counselor
- waiver form for minors - completed by the parent/guardian of the applicant
- technology survey - filled out by the applicant
- a parent questionnaire - filled out by your parent/guardian
- transcript (your grades) - copy of the latest 2008-2009 report card

**BE SURE TO READ ALL INSTRUCTIONS CAREFULLY.**

**Please Note: Before a student can be considered for the 2009-2010 S.T.A.R. Academy, ALL EIGHT items must be returned by September 30, 2009. AN INCOMPLETE APPLICATION PACKET WILL NOT BE PROCESSED.**

You are advised to check-off the above boxes as a way of confirming enclosure of all required materials before mailing. If you have any questions, please call 758-4802. If you have access to the Internet, you are welcome to visit the S.T.A.R. Academy website at <http://www.lehigh.edu/star> .

Sincerely,

HUO:dr  
Enclosures

S.T.A.R. (Students That Are Ready) ACADEMIES™ 2009-2010 New Student Application			
Please Print or Type All Answers			
<b>Name:</b>			
<b>Age:</b>	<b>Male</b>	<b>Female</b>	
<b>Home Address:</b>			
<i>Street Address</i>			
<i>City</i>			
<i>State</i>		<i>Zip</i>	
<b>Birth Date:</b>		<b>Email Address:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Emergency Phone:</b>		<b>Adult T-Shirt Size:</b>	<b>S    M    L    XL</b>
<b>Ethnicity:</b>			
Caucasian	African American/Black	Hispanic/Latino	
Asian	Other (please specify)		
<b>Parents or Guardians Names:</b>			
1)	Work Phone:		
2)	Work Phone:		
<b>School:</b>		<b>Grade (Fall 2009):</b>	
<b>School District:</b>			
<b>Guidance Counselor's Name:</b>		<b>Phone:</b>	
<b>Principal's Name:</b>		<b>Phone:</b>	
<b>How did you find out about S.T.A.R. Academies™? (please check)</b>			
Friend(s)		Teacher or Guidance Counselor	
Advertisement – Please Name:		Other – Please Specify	
<b>Are you a former Jr. S.T.A.R. Tutee?</b>		<b>Yes</b>	<b>No</b>
<b>Have you ever participated in the Math, Science, &amp; Technology Camp?</b>		<b>Yes</b>	<b>No</b>
<b>Do you plan to go to college?</b>		<b>Yes</b>	<b>No</b>
<b>Why or why not?</b>			
<b>List five careers you are interested in below:</b>			
1)			
2)			
3)			
4)			
5)			



**S.T.A.R. Academy™ 2009-2010 Contract  
for Returning and New Students (Tutees)**

Dear S.T.A.R. Academy Advisory Board:

I, (name) \_\_\_\_\_ understand my participation in the S.T.A.R. Academy™ is a privilege, not a right. I understand that I will be automatically dropped for one year without warning from the Academy if I violate any of the following expectations/policies:

- Suspension from school
- Arrested by a law enforcement agency (i.e., the police)
- Miss two S.T.A.R. Saturdays without prior notification to my tutor and Dr. Odi's office with justifiable cause (i.e., illness, PSAT, SAT test, etc.)
- Pregnancy or getting someone pregnant

For violation of the following expectations/policies, I understand that I will be given an opportunity to change my behavior, but will be dropped from the Academy for one year due to consistent violations of any of the following:

- Failure to come to all S.T.A.R. Saturdays with enough school books to do work for tutoring time (1 hour and 30 minutes).
- Misbehavior in the university bus
- Failure to keep up my grades
- Disrespect to tutors, fellow students, faculty, staff and university property
- Consistently late when attending S.T.A.R.
- Consistently absent from school

I promise to do everything within my power to abide by the above expectations. If I am dropped from the Academy during any given year, I understand that I will be given the opportunity to reapply the following year if I choose to do so. Also, I understand that this contract with the S.T.A.R. Academy is designed to help me succeed in life.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTICIPATING SCHOOL DISTRICTS  
Lehigh Valley, Pennsylvania**

**AUTHORIZATION TO RELEASE INFORMATION  
To 2009-2010 Lehigh University S.T.A.R. Academy™**

Re: \_\_\_\_\_  
Child's Name Birth Date

I hereby authorize the \_\_\_\_\_ School District to release the following information concerning the above-named child:

(Parent/guardian: **Please initial below** those item(s) which are checked.)

Requested Report	Parent's Initials	
_____	_____	Medical Report
_____	_____	Psychological Report
<u>  X  </u>	_____	Educational Report
_____	_____	Audio Logical Report
_____	_____	Vision Report
<u>  X  </u>	_____	Suspension Report
_____	_____	Other _____ (Please Specify)

Organization receiving reports:

Lehigh University  
Academic Outreach  
618 Brodhead Avenue  
Bethlehem, PA 18015-3035  
Phone # (610) 758-4802 - Fax # (610) 758-5940  
<http://www.lehigh.edu/star>

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEHIGH UNIVERSITY WAIVER FOR MINORS  
(to be completed/signed by parent/guardian of minor participant)**

Name of Minor Child (under age 18) \_\_\_\_\_

Print Name of Minor Child \_\_\_\_\_

Name of Activity **S.T.A.R. ACADEMY™**      Date of Activity **October 2009 to July 2010**

In consideration of the use of premises or facilities owned or operated by Lehigh University and/or in consideration of permitting my minor child to participate in the activity listed above, on behalf of my minor child, myself, my heirs, executors, administrators, successors, or assigns, I hereby release and forever discharge Lehigh University, its agents, servants, and employees of and from any and all manner of actions, cause of action, suits, damages, claims, and demands, on account of personal injury, including death, or any other cause whatsoever, which I may have against them by reason of or arising out of my minor child's participation in the above-listed activity.

I understand and accept the risks involved in this activity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

{Please make certain that you have adequate health and accident insurance, since Lehigh will not be responsible for injuries resulting from your minor child's participation in physical activities.}

Note: Sponsoring department retains this signed form for 2 years.

Office of Risk Management  
(waiver:20/rev.1/92)



**S.T.A.R. Academies™ Parent Group  
2009-2010 Parent Questionnaire Form**

Please take a few minutes to complete this questionnaire form for parents of S.T.A.R. students. This form must be submitted with your child's application form. S.T.A.R. Academy™ is not a day care center on Saturdays. Your child's participation is a privilege, not a right. Please note, your involvement in the S.T.A.R. Academy™ is expected and valuable.

**Name:**

**Address:**

*Street Address*

*City*

*State*

*Zip*

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Other:**

**Email Address:**

**Name of child(ren) and number of years in the S.T.A.R. Academy™:**

1)

2)

3)

4)

**Please list other children in your household and their ages:**

1)

2)

3)

4)

**Do you receive public assistance or aid for dependent children?**

**Yes**

**No**

Are your children eligible for the reduced cost breakfast & lunch programs in their schools?

**Yes**

**No**

**Please indicate the type of household: (please check)**

Single Head of Household (Female)

Single Head of Household (Male)

Two Parent Household

Other (Please Specify)

**Mother/Guardian's Occupation:**

**Mother/Guardian's Employer:**

**Mother/Guardian's Education (please check level completed):**

8<sup>th</sup> Grade or Below

High School

College

Post Graduate

**Father/Guardian's Occupation:**

**Father/Guardian's Employer:**

**Father/Guardian's Education (please check level completed):**

8<sup>th</sup> Grade or Below

High School

College

Post Graduate

**Please indicate the family income: (please check)**

Under \$10,000/Yr.

\$10,000-\$19,000/Yr.

\$20,000-\$29,000/Yr.

Over \$30,000/Yr.

**Ethnicity: (please check)**

Caucasian

African American/Black

Hispanic/Latino

Asian Other (please specify)

**What is your means of transportation?**

**Public**

**Personal Car**

Transportation will be provided ONLY FOR BETHLEHEM students who ABSOLUTELY need it.

Can you bring and pick up your child(ren)?

**Yes**

**No**

**Is your child under any prescribed medication?**

**Yes**

**No**

If yes, for what purpose?

<p><b>You are expected to help out with the Parent Group for this year's S.T.A.R. Academy™. Please check the items you would be willing to help with. (please check off a minimum of two activities)</b></p>		
<p>Fund Raising for Student Scholarship</p>	<p>Parent Caller</p>	<p>Assist with Saturday sessions (8:30 AM-12 PM; 12 PM-5PM)</p>
<p>Attend Parent Group Meetings (S.T.A.R. Saturdays 9 AM-10:30 AM)</p>	<p>End of Year Picnic (cakewalk, auction, etc.)</p>	<p>Solicitation of prizes for auction</p>
<p><b>Is there anything in your life that has happened to change your child's academic performance either positive or negative? Please use back side of paper if needed.</b></p>		
<p> </p>		
<p><b>Describe the kind of tutor/mentor that you think would most benefit your child. Please use back of side of paper if needed.</b></p>		
<p> </p>		
<p><b>If classes or workshops were offered for parents on S.T.A.R. Saturdays during the year, would you be interested in attending?</b></p>		
		<p><b>Yes</b></p>
		<p><b>No</b></p>
<p><b>Please indicate any of the workshops you might be willing to attend. (please check)</b></p>		
<p>Opening Those College Doors: A Look at Ways to Give Teens the Resources &amp; Motivation They Need to Reach College</p>		<p>Financial Planning &amp; College</p>
<p>Financial Aid &amp; College Application Process</p>		<p>Aim for the Stars; How to Boost Educational Achievement in Your Child</p>
<p>Teens in Transition; Paths to Adulthood</p>		<p>From Child to Adolescent: The Forgotten Years</p>
<p>Building Self-Sufficiency in Your Child</p>		<p>Bridging the "Gap": Ways to Communicate with Your Child</p>
<p>Teen Suicide</p>		<p>Substance Abuse</p>
<p>Sexually Transmitted Diseases</p>		<p>Preventing Teen Pregnancy</p>
<p>Am I a Good Parent: Self-Esteem for Parents</p>		<p>Disciplining a Teenager: How to Set Limits</p>
<p>Time Management for Parents</p>		<p>Stress Management for Parents</p>
<p>Going to College: Parents/Guardians</p>		<p>GED: General Education Development Test) Preparation Classes</p>
<p>Visits to College or University Campuses (High School Parents Only)</p>		<p>Family Financial Management</p>
<p>Computer Workshops for Beginners and Advanced Levels</p>		<p>Improving Your Reading &amp; Writing Skills</p>
<p>Become and/or Strengthen Participation in Your Child's School</p>		<p>Civic Engagement &amp; Social Responsibility</p>
<p>Career Awareness and Exploration</p>		<p>Leadership Development</p>
<p>Resume Writing &amp; Job Search for Parents</p>		
<p><b>Do you have suggestions for any other workshop topics that would be beneficial to you as a parent?</b></p>		
<p> </p>		
<p><b>What other ways can you support the S.T.A.R. Academy™?</b></p>		
<p> </p>		

**Parent Signature:**

---

**LETTER OF RECOMMENDATION/NOMINATION  
FROM TEACHER OR GUIDANCE COUNSELOR  
2009-2010 S.T.A.R. Academies™**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(Please Print)*

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

This student is applying to participate in the Lehigh University S.T.A.R. (Students That Are Ready) Academy during the 2008-2009 academic year. The S.T.A.R. Academy is designed to enhance and enrich the academic performance of students who are economically and academically disadvantaged and/or at risk. In your recommendation, please identify specific areas that the Academy can be helpful to this student.

Recommender's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_

Please mail this recommendation by **September 30, 2009** to Lehigh University, Academic Outreach, 618 Brodhead Avenue, Bethlehem, PA 18015. If you have any questions, please call Debra Rubart at (610) 758-4802. Fax: (610) 758-5940. Thank you for your assistance.