

## **AGREEMENT FOR SERVICES**

THIS AGREEMENT is made by and between THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, a California corporation (hereinafter referred to as "University"), acting for and on behalf of Upward Bound Classic Program (hereinafter referred to as "Advisor") of its Riverside campus (hereinafter referred to as "UCR"), and Perris Union High School District (hereinafter referred to as "District").

### **RECITALS**

WHEREAS, the Advisor has been established and is maintained to support the University's pursuit of its constitutional objectives of instruction, research, and public service; and

WHEREAS, the University has been awarded the "Upward Bound Classic Program Grant for 2017-2022" (hereinafter referred to as "Program") by the United States Department of Education that has as its objective to assist the District's selected participants in graduation from high school and pursue a higher education; and

WHEREAS, University deems that the Program services provided to the District as described in this Agreement are consistent with and will further the University's objectives; and

WHEREAS, District has determined that the Program services will enhance services already provided at designated schools; and

WHEREAS, District agrees and understands that Exhibit A through I are attached hereto and made a part of this Agreement for Services;

NOW, THEREFORE, University agrees to furnish to District, Program services subject to the following terms and conditions. District agrees that no other terms and conditions, including those of any purchase order issued by District, shall apply unless explicitly incorporated herein.

### **DESCRIPTION OF SERVICE**

Services of the Advisor will be furnished to students selected to participate in Upward Bound Classic from Perris Union High School District only for the purposes stated in this Agreement. Additional services shall be performed only if authorized in advance by written amendment to this Agreement executed by both parties.

### **TERMS AND CONDITIONS**

1. **PRIORITY OF UNIVERSITY WORK.** University work always has priority over work to be performed for non-University organizations.
2. **TERM.** The term of this Agreement shall be from September 1, 2017 to August 31, 2022.

3. TERMINATION. This Agreement shall be subject to termination by either party at any time, upon 30 days' written notice to the other party.
4. RATES. Charges for services rendered shall be at the rate of: None.
5. PAYMENT OF CHARGES. District **shall pay for services rendered by the Advisor as follows:**
  - A. University shall mail invoices to: **SECTION 5 (A-D) ARE NOT APPLICABLE TO THIS AGREEMENT.**
  - B. Checks from District shall be made payable to "Regents--UC" and mailed to: Cashier's Office, University of California, Riverside, CA 92521.
  - C. University shall have the right to terminate this Agreement without notice if District fails to pay charges for services rendered hereunder within sixty (60) days following District's receipt of University's invoice(s).
  - D. District shall pay University for all services rendered up to the date of termination of this Agreement, regardless of the reason(s) for termination.
6. DISCLAIMER OF WARRANTY. UNIVERSITY MAKES NO WARRANTY AS TO RESULTS TO BE OBTAINED BY THE DISTRICT FROM THE USE OF ANY SERVICES AND/OR FACILITIES PROVIDED BY UNIVERSITY UNDER THIS AGREEMENT, AND THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.
7. NON-LIABILITY OF UNIVERSITY.
  - A. University shall incur no liability to District or to any third party for any loss, cost, claim, or damage, either direct or consequential, arising from University's delay in performance or failure to perform services pursuant to this Agreement.
  - B. University shall incur no liability to District for loss or destruction of or damage to any data, equipment, or other property brought upon University premises by District or delivered to University by District in connection with this Agreement, except in the event that such loss, destruction, or damage is caused by the negligent acts or omissions of University, its officers, agents, or employees acting within the course and scope of their employment.
8. INDEMNIFICATION
  - A. District shall defend, indemnify and hold University, its officers, agents, and employees harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims

for injury or damages are caused by or result from the negligent or intentional acts or omissions of District, its officers, agents, or employees.

- B. University shall defend, indemnify and hold District its officers, agents, and employees harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of University, its officers, agents, or employees.

9. INSURANCE –

- A. District, at its sole cost and expense, shall insure its activities in connection with this Agreement and obtain, keep in force, and maintain insurance as follows:

- 1. Commercial Form General Liability Insurance (contractual liability included) with a limit of \$1,000,000 per occurrence, \$2,000,000 aggregate.

If the above insurance is written on a claims-made form, it shall continue for three years following termination of this Agreement. The insurance shall have a retroactive date of placement prior to or coinciding with the effective date of this Agreement.

- 2. Business Automobile Liability for Owned, Scheduled, Non-Owned or Hired Automobiles with a combined single limit of not less than \$1,000,000 per occurrence.
- 3. Worker's Compensation as required under California State Law.

It should be expressly understood, however, that the coverages required under this paragraph 9 shall not in any way limit the liability of District.

The coverages referred to under A1 and A2 of this paragraph 9 shall be endorsed to include **THE REGENTS OF THE UNIVERSITY OF CALIFORNIA** as an Additional Insured. Such a provision, however, shall only apply in proportion to and to the extent of the negligent acts or omissions of District its officers, agents, or employees. District, upon the execution of this Agreement, shall furnish UNIVERSITY with Certificates of Insurance evidencing compliance with all requirements. Certificates shall further provide for thirty (30) days advance written notice to UNIVERSITY of any modification, change, or cancellation of any of the above insurance coverages.

- B. University, at its sole cost and expense, shall insure its activities in connection with this Agreement by maintaining programs of self-insurance as follows:

- 1. General Liability Self-Insurance Program with a limit of not less than \$1,000,000 per occurrence.
- 2. Business Automobile Liability Self-Insurance Program for Owned, Scheduled, Non-

Owned or Hired Automobiles with a combined single limit of not less than \$1,000,000 per occurrence.

3. Worker's Compensation as required under California State Law.

It should be expressly understood, however, that the coverages required under this paragraph 10 shall not in any way limit the liability of University.

The coverages referred to under B1 and B2 of this Paragraph 9 shall be endorsed to include District as an Additional Insured. Such a provision, however, shall only apply in proportion to and to the extent of the negligent acts or omissions of University, its officers, agents, or employees. University, upon the execution of this Agreement, shall furnish District with Certificates of Insurance evidencing compliance with all requirements. Certificates shall further provide for thirty (30) days advance written notice to District any modification, change, or cancellation of any of the above insurance coverages.

10. CONFIDENTIALITY OF INFORMATION. University shall use reasonable efforts, consistent with its established policies and procedures, to protect the confidentiality of any information furnished to it by District in connection with this Agreement and designated by District, in writing, as confidential. District understands and agrees, however, that University shall have no obligation to comply with any such request of District. District agrees to reimburse University in full for any costs it may incur in order to protect information, in accordance with District's request, by means not normally employed by University for that purpose.
11. UNIVERSITY'S RIGHT TO USE DATA. University may have the right, with the prior written approval of District, to use for its own purposes, including publication, any data or information which it may develop in connection with or as a result of performing the services described herein.
12. USE OF UNIVERSITY'S NAME. District may not use the name of the University in any form or manner of business promotion, written advertisement, reports, or other information released to the public without the prior written approval of University.
13. RELATIONSHIP OF THE PARTIES. The parties to this Agreement shall be and remain at all times Independent Contractors, neither being the employee, agent, representative, or sponsor of the other in their relationship under this Agreement.
14. AFFIRMATIVE ACTION. University warrants that it is an affirmative action employer in compliance with Executive Orders 11246 and 11375.
15. WHOLE AGREEMENT. This Agreement states the entire contract between the parties in respect to the subject matter of this Agreement. This Agreement supersedes any written or oral agreements, negotiations, discussions, or promises. This Agreement cannot be modified except by a written instrument executed by both parties.
16. NOTICE. Any notice required hereunder shall be in writing and shall be addressed as follows:

University: University of California, Riverside  
Attn: Alicia Velazquez  
1228 Student Services Building  
Riverside, CA 92521

With A Copy to: University of California, Riverside  
Attn: Business Contracts  
Business & Financial Services  
Riverside, CA 92521

District: Perris Union High School  
Attn: Nick Newkirk  
155 E. 4<sup>th</sup> Street  
Perris, CA 92570

- 17. ASSIGNMENT. This Agreement is not assignable and any attempt by District to assign any of its interests herein shall immediately terminate this Agreement.
- 18. APPLICABLE LAW. This Agreement shall be governed by the laws of the State of California.
- 19. WARRANTY OF AUTHORITY. The person whose signature appears below warrants that he/she is duly authorized to execute this Agreement on behalf of District.

The conditions in this Agreement are hereby accepted.

DISTRICT:

UNIVERSITY:

PERRIS UNION HIGH SCHOOL  
DISTRICT

THE REGENTS OF THE UNIVERSITY  
OF CALIFORNIA

By \_\_\_\_\_  
Signature  
Nick Newkirk  
Print Name  
Director of Purchasing  
Title  
\_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature  
Bobbi McCracken  
Print Name  
AVC Business & Financial Services and Controller  
Title  
\_\_\_\_\_  
Date

**OFFICE OF TRIO PROGRAMS  
UPWARD BOUND CLASSIC PROGRAM  
SERVICE AGREEMENT**

The Upward Bound Classic Program at the University of California, Riverside is a federally funded program by the United States Department of Education and has as its main goal to increase the rate at which participants complete secondary education and enroll in and graduate from institutions of postsecondary education. All Upward Bound Classic program services are motivational and supplementary and should enhance services already provided at the particular school. Described herein is a Service Agreement between **Perris Union High School District** and the Upward Bound Classic Program at the University of California, Riverside (UCR). School site administrators (contact persons), program administrators, and paraprofessional staff (Upward Bound Mentors) will jointly plan the implementation of the following services. Services will be provided for five years (2017-2022) at Perris High School.

1. Upward Bound professional staff members will meet with program participants in one-on-one and group sessions to provide academic advising and to monitor academic performance. The sessions will be motivational and informational in nature. The advisement will also focus on such topics as college/university entrance requirements, career awareness, financing a post-secondary education, etc. The Professional Staff Member will also keep the Upward Bound school contact aware of student progress.
2. Tutoring for the participants will be provided/offered at the school site after or during school hours.
3. Working closely with the student and school counselor, Upward Bound professional staff members will assist in preparing and/or modifying a college prep plan for participants of the program.
4. Workshops for high school participants and their parents may be offered in cooperation with Perris High School at the school site and/or UCR focusing on such topics as college admission requirements, PSAT and SAT preparation, financial aid, etc.
5. In order for a student to participate in Upward Bound, they must meet the qualifications as set forth by the federal government. This includes: Two-thirds of participants must be both low income and first-generation college students. One-third of participants can be either low-income, first-generation, or at-risk for academic failure. Final approval for participation will be determined by Upward Bound professional staff members.

In order to facilitate the services that Upward Bound will provide participants, **Perris High School** agrees to the following:

1. Provide data to be included in grant proposal and for reporting purposes every year of the grant, as necessary.
2. Space at school site for advising and/or after-school tutoring, as needed.
3. Space for workshops at school site.
4. Access to library or other large space for meetings at school site.
5. Use of copy machines and/or other office machines, as needed.
6. Time and effort of administration support at school sites.
7. Access to a list of potential students for recruitment purposes only.
8. Dates, times, and space to conduct recruitment meetings and/or student/parent workshops during school or after school hours.
9. Access to student records to include but not limited to: class schedules, transcripts, and state examination scores, upon receipt of the parent authorization in the Upward Bound office.
10. Access (read/view only) to Infinite Campus Student Information System.

As partners in this agreement, we have read the above described Upward Bound Guidelines for Participation, and do hereby understand that by adhering to them, selected students will receive the aforementioned Upward Bound services during the 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022 school years. .

# UC RIVERSIDE UNIVERSITY OF CALIFORNIA



*The TRIO Pre-College Programs at the University of California, Riverside impart knowledge, motivate, encourage, and equip low-income and/or potential first-generation college students from select high schools to enroll in, persist at, and graduate from a postsecondary institution.*

Name: \_\_\_\_\_  
Grade: \_\_\_\_\_

School:  Moreno Valley H.S.  Rubidoux H.S.  Perris H.S.

### APPLICATION CHECKLIST

- Complete Upward Bound Application
  - Personal Essay
  - Recommendation Form: Prepared by: \_\_\_\_\_
  - Email of recommender: \_\_\_\_\_
- COMPLETE APPLICATION BY: \_\_\_\_\_



## A. PERSONAL INFORMATION

### Personal Information:

1. Name \_\_\_\_\_  
(First) (Middle) (Last) (Nickname)

2. Mailing Address \_\_\_\_\_  
(Street or PO box) (City) (State) (Zip)

3. Social Security Number \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. U.S. Citizen: Yes  No  Permanent Resident: Yes  No

### Contact Information:

6. Home # (\_\_\_\_) \_\_\_\_\_ Parent Cell # (\_\_\_\_) \_\_\_\_\_ Student Cell # (\_\_\_\_) \_\_\_\_\_

7. Student Email: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

9. School Currently Attending \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade \_\_\_\_\_

10. Student's Ethnicity: Do you identify yourself as Hispanic/Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

#### **MUST select one or more race you identify yourself with:**

American Indian or Alaska Native

Asian: \_\_\_\_\_

Black or African

American White

Native Hawaiian or Other Pacific  
Islander

#### 11. Gender:

- Male  
 Female

#### 12. I currently live with: (please check one):

- Both Parents  
 One Parent \_\_\_ Mother \_\_\_ Father  
 In a foster home  
 Other (specify) \_\_\_\_\_

13. Do you have a disability?  Yes  No If yes, please explain \_\_\_\_\_

## B. PERSONAL INFORMATION

14. Name of Father / Stepfather / Guardian #1: \_\_\_\_\_

Presently Employed?  Yes  No

Highest year in school / college completed \_\_\_\_\_

Highest degree earned (mark one):  None  AA  BS/BA  MA/MS  Ph D

15. Name of Mother / Stepmother / Guardian #2: \_\_\_\_\_

Presently Employed?  Yes  No

Highest year in school / college completed \_\_\_\_\_

Highest degree earned (mark one):  None  AA  BS/BA  MA/MS  Ph D

16. Do you have any brothers or sisters who have attended or are currently attending college? \_\_\_\_\_

17. What is the primary language spoken by your parent(s)/guardian(s)? \_\_\_\_\_

18. Do you currently have a job? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many hours do you work in an average week? \_\_\_\_\_ at what times? \_\_\_\_\_

19. What extra-curricular activities do you participate in (sports, clubs, outreach programs, etc.)  
\_\_\_\_\_

When do they meet? \_\_\_\_\_

### C. ECONOMIC BACKGROUND

**FINANCIAL INFORMATION:** The Federal Law mandates that 2/3 of all Upward Bound Participants must be low-income and first-generation college bound. Upward Bound uses Taxable Income to determine financial eligibility.

What is your Family Unit Size? \_\_\_\_\_

Do you file a Federal Income tax return? YES  NO

If YES, complete the following section based on your most recent Tax Return

What was your TAXABLE INCOME: \_\_\_\_\_

Taxable Income can be found on your federal tax form:  
1040—Page 2, line 43      1040 A—Page 2, line 27

If the applicant's parents/guardians DO NOT file an annual tax form, please complete the section below:

#### FOR FAMILIES THAT DO NOT FILE ANNUAL TAX FORMS

1. **INCOME FROM WORK:** What was the parent's monthly income from work? \$ \_\_\_\_\_

2. **OTHER INCOME:** If the applicant's family receives other forms of income or assistance, please provide the monthly amount for each type of aid:

a. Social Security, Disability, Survivors Benefits \$ \_\_\_\_\_

b. Aid to Families with Dependent Children (AFDC) or General Relief \$ \_\_\_\_\_

c. Unemployment Benefits \$ \_\_\_\_\_

d. Other, please specify: \$ \_\_\_\_\_

3. **TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

4. **ANNUAL HOUSEHOLD INCOME:** Total monthly income \* 12 \$ \_\_\_\_\_

I, \_\_\_\_\_, attest that the above information is true.  
(Print Parent/Guardian Name)

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

## THREE SIGNATURES REQUIRED

*If selected as a participant of the Upward Bound Program at UC Riverside, I agree to participate in all aspects of the program, including tutoring, Saturday sessions, the summer program, and field trips. Furthermore, I agree to conduct myself in a manner that will bring dignity to myself, my family, my school, my community, and Upward Bound.*

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Student's Name PRINTED**

\_\_\_\_\_  
**Date**

*I certify that the enclosed information is true and complete to the best of my knowledge. I hereby grant permission to the personnel at my child's school to provide copies of transcripts, test scores, and related student information to Upward Bound staff. If my child is admitted to Upward Bound, I agree to participate in all meetings, orientations, or workshops organized by the program. I also agree to support my child in his/her academic endeavors and make my child's education a family responsibility and priority.*

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Parent's Name PRINTED**

\_\_\_\_\_  
**Date**

*I certify that the enclosed information is true and complete to the best of my knowledge. I recommend that the student participate in Upward Bound and will provide copies of transcripts, test scores, and related student information to Upward Bound staff. I agree to participate in all meetings, orientations, or workshops organized by the program, if requested to do so. I also agree to support the student in his/her academic endeavors and make their education our responsibility and priority.*

\_\_\_\_\_  
**Counselor Signature**

\_\_\_\_\_  
**Counselor's Name PRINTED**

\_\_\_\_\_  
**Date**

### PLEASE MAKE SURE THE FOLLOWING DOCUMENTS ARE ATTACHED TO THE COMPLETED APPLICATION

1. A copy of your course schedule.
2. A copy of your current transcript (an unofficial copy is acceptable).
3. Copy of your state standardized test scores.
4. **Personal Essay: On a separate sheet of paper please answer the following questions.**

**Paragraph 1)** Introduce yourself. Include information about your birthplace, interest, hobbies, extracurricular activities (clubs, jobs, etc) and your relationship with your family.

**Paragraph 2)** Describe your school and community. What do you like best about both?

**Paragraph 3)** Why do you want to go to college? What do you plan to study? Did anyone or any particular experience motivate you to pursue college?

**Paragraph 4)** Consider your current academic performance, including your GPA and test scores. Are you satisfied with your performance, so far? If not, what factors have contributed to your performance (no place to study, work after school, excessive procrastination, etc.). Which subject is the hardest for you to learn? What types of services could help you improve your performance (i.e. tutoring, study skills workshops, etc.)

**Paragraph 5)** Explain why you want to participate in the Upward Bound program. What do you expect to gain from your participation? What are your long-term educational and professional goals? Also include some of your future plans; travel, improving your community, volunteering, etc.

**AUTHORIZATION FOR THIRD PARTY  
TO CONSENT TO TREATMENT OF MINOR  
LACKING CAPACITY TO CONSENT**

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of (name of minor) \_\_\_\_\_, a minor, do hereby authorize (name of agent) University of California, Upward Bound Classic Program Staff, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Family Code Section 6910.

(I)(We) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Family Code Section 6910 to surrender physical custody of such minor to (my)(our) above-named agent(s) upon completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

These authorizations shall remain effective until (month and day) August 31, 2022, unless sooner revoked in writing delivered to the agent(s) noted above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
{parent/legal guardian/person having legal custody} (circle relationship)

**(Please fill out reverse side of this page)**

**MEDICALLY RELEVANT INFORMATION**

Minor's Name: \_\_\_\_\_

Minor's Birth Date:  
\_\_\_\_\_

Allergies to drugs or food:  
\_\_\_\_\_

Conditions for which minor is currently being treated: \_\_\_\_\_  
\_\_\_\_\_

Current Medications:  
\_\_\_\_\_

Restrictions on activity:  
\_\_\_\_\_

Primary care physician (name and telephone number): \_\_\_\_\_  
\_\_\_\_\_

Insurance Company:  
\_\_\_\_\_

Mother's name:  
\_\_\_\_\_

Mother's address:  
\_\_\_\_\_

Mother's telephone numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's address: \_\_\_\_\_

Father's telephone numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact (*Please include relationship to applicant*):  
\_\_\_\_\_  
\_\_\_\_\_

I understand that in order for my son/daughter to be a successful student, it is important for me to have an active role in their social and academic development. I also understand that the Upward Bound Classic Program at the University of California, Riverside has as its main goal and objective to assist my son/daughter graduate from high school and pursue a postsecondary education. Therefore, I agree to comply with the following statements through my son's/daughter's duration of high school to the best of my ability:

1. Assist my son/daughter with school work at home by:
  - providing a specific area of the home for daily study
  - setting a specific time for homework
  - providing assistance with homework when possible
2. Maintain daily communication with my son/daughter about school activities (i.e. homework, extracurricular activities, classes, etc).
3. Attend Upward Bound Parent Conferences scheduled once a semester for the duration of my son's/daughter's participation in the program.
4. Notify Upward Bound personnel of address, phone number, and or school changes to maintain updated and accurate records for the participant.
5. I understand that my son/daughter must maintain a cumulative grade point average (GPA) of 2.5 in "a-g" courses through high school graduation (9th-12th grade).
6. I will assist my son/daughter with the application process to at least one postsecondary institution by visiting colleges/universities (if possible), attending available workshops (if possible), providing the required documentation, etc.
7. I will assist my son/daughter with the completion and submission of the Free Application for Federal Student Aid (FAFSA) during their Senior (12th grade) year of high school. I understand that I must provide income tax, residency, and social security documentation to complete the process.
8. I understand that my son/daughter may not be allowed to participate in specific activities and/or fieldtrips if he/she does not adhere to the stipulations outlined in the Student Agreement or actively participate in program activities.
9. I will encourage my son/daughter to actively participate in all UB activities (Saturday Sessions, Summer Residential Program, Study Hall, Field Trips, etc.) and provide transportation whenever necessary.

I acknowledge that I have read and understand this Parent Agreement and that the Upward Bound Assistant Director will review and/or renew this Parent Agreement, if necessary so long as my son/daughter is a participant of the Upward Bound Classic Program.

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date

Entiendo que para que mi hijo/hija sea un estudiante con éxito, es importante para mí tener un rol activo en su desarrollo social y académico. También entiendo que el programa Upward Bound Classic en la Universidad de California Riverside tiene como su principal objetivo, el de ayudar a mi hijo/hija graduarse de la escuela secundaria y llevar a cabo una educación postsecundaria. Por lo tanto, estoy de acuerdo a cumplir con los siguientes requisitos durante la duración en la escuela secundaria de mi hijo/hija, a lo mejor de mi capacidad:

1. Ayudar a mi hijo/hija con el trabajo de la escuela en casa:
  - proporcionando una área específica de la casa para el estudio diario
  - designando una hora específica para la tarea
  - ayudando con la tarea cuando sea posible
2. Mantener la comunicación diaria con mi hijo/hija acerca de las actividades escolares (es decir, deberes, actividades extra curriculares, clases, etc.).
3. Asistir a las Conferencias de Padres programadas una vez al semestre durante la participación de mi hijo/hija en el programa.
4. Notificar al programa de Upward Bound de cambio de dirección, número de teléfono y o cambios de la escuela para mantener registros precisos y actualizados del participante.
5. Tengo entendido que mi hijo/hija debe mantener un promedio acumulativo (GPA) de 2.5 en cursos de "a-g" a través de la graduación de la escuela secundaria (grado de 9-12).
6. Ayudare a mi hijo/hija con el proceso de aplicación por lo menos a una institución postsecundaria, por ejemplo visitando colegios y universidades (si es posible), asistiendo a talleres disponibles (si es posible), y proporcionando la documentación requerida, etc.
7. Ayudare a mi hijo/hija con el proceso de aplicación de la Solicitud Gratuita de Ayuda Federal para Estudiantes (FAFSA) durante el último año (grado 12) de la secundaria. Entiendo que tengo que presentar la documentación de impuestos, sobre la renta de la casa, la residencia, y el número de seguro social para completar el proceso.
8. Tengo entendido que mi hijo/hija puede perder la participación en actividades específicas o paseos si no se adhiere a las estipulaciones descritas en el acuerdo de estudiantes o si deja de participar activamente en las actividades del programa.
9. Animaré a mi hijo/hija a participar activamente en todas las actividades de Upward Bound (Sesiones de los Sábados, Programa Residencial de Verano, Sala de Estudio, Excursiones, etc.) y proporcionar transporte cuando sea necesario.

Reconozco que he leído y comprendo este acuerdo de padre y que el Subdirector del programa Upward Bound revisara y/o renovara este acuerdo de padre si es necesario siempre y cuando mi hijo/hija sea participante del programa de Upward Bound Classic.

\_\_\_\_\_  
Nombre del padre/guardián

\_\_\_\_\_  
Firma del padre/guardián

\_\_\_\_\_  
Nombre del estudiante

\_\_\_\_\_  
Escuela del estudiante

\_\_\_\_\_  
Fecha

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, understand and hereby give permission for my child to participate in Upward Bound Classic Program activities conducted by the University of California, Riverside (UCR). Furthermore, I understand that the primary objectives of Upward Bound are to have students promote to the next grade level, enroll in a rigorous secondary school program ("a-g" courses), graduate from high school, apply for postsecondary education and financial aid and enroll in a postsecondary institution.

I hereby authorize the Upward Bound Classic Program staff and assistants at the University of California, Riverside to:

1. Have access to, and make and receive copies of my child's (a) academic records through the completion of the 12th grade, and (b) my child's standardized test records through the completion of 12th grade, including tests taken under the auspices of the Educational Testing Service. I authorize access to hard copies and electronic copies of the records, as well as access to electronic databases and warehouses. I understand that these records will be used to monitor my child's academic progress and to determine when academic support services are needed.
2. Disclose information from my child's academic records to representatives of colleges and universities and other institutions so that they may determine my child's eligibility for admissions at their institutions, his/her need for special services, and for general use in planning of outreach activities. The records will be maintained by the University of California, Riverside consistent with Federal Family Education Rights and Privacy Act of 1970 and university policies.
3. Speak and/or exchange information with counselors, teachers and other school administrators about my child's academic progress as part of the services provided by UC Riverside's Upward Bound Classic Program.
4. Allow my child, during UB events, access to network computer services such as the World Wide Web (internet) and electronic mail for the purposes of requesting and obtaining postsecondary preparation and institution information.
5. Take my child on educational and cultural field trips and/or other activities sponsored and coordinated by UCR's Upward Bound Classic Program and sometimes by other organizations within the university. I understand that my child will have adult supervision while participating in these activities.
6. Obtain academic records upon transfer to another school/institution outside of Upward Bound Programs' service area or sent to another school/institution serviced by another Upward Bound program.
7. I, the undersigned, give my permission to be photographed, videotaped, voice recorded, and/or quoted while participating in the Upward Bound Classic Program. I understand that this agreement gives the University of California full discretion and authority to edit and use the photographs, videotape, voice recordings, and/or quotes for documenting or publicizing the Upward Bound Classic Program. I understand that the photographs, videotapes, voice recordings, and/or quotes will be, and remain, the property of the University of California.

I understand and agree that this Parent Authorization will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian for said children.

I understand that this Parent Authorization is valid for the duration of the time that my child participates in Upward Bound, unless I rescind it through written instructions.

I acknowledge that I have read this Parent Authorization and that I understand the words and language in it.

I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing this parent Authorization on behalf of said minor.

Print Name of Parent/Guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_



As a participant of the Upward Bound Classic Program at the University of California, Riverside, I agree to the following terms, which are in compliance with the UB' objectives (*Please initial each statement in agreement*):

- \_\_\_\_\_ I commit myself to complete Upward Bound by being in the program until the end of the summer following my high school graduation.
- \_\_\_\_\_ I commit myself to do my very best in school and in the Summer Residential Program classes.
- \_\_\_\_\_ I commit myself to obey all the rules and regulations of the Upward Bound Program.
- \_\_\_\_\_ I commit myself to attend all Upward Bound activities – meetings, Saturday Sessions, Study Hall/after school sessions, cultural and educational activities, etc. – throughout the academic year.
- \_\_\_\_\_ I commit to attending two Summer Residential Programs during my participation with UB.
- \_\_\_\_\_ I commit myself to take college preparation classes (a-g courses) each year in high school.
- \_\_\_\_\_ I commit to earning a minimum 2.5 GPA each semester in high school.
- \_\_\_\_\_ I understand that if my grades fall below a 2.5 GPA I will be placed on a Grade Improvement Action Plan to improve my grades the following semester or be subject to being dropped from the program.
- \_\_\_\_\_ I commit myself to graduate from high school and attend a four-year/two-year college/university.
- \_\_\_\_\_ I commit to apply for federal or state student aid. This includes submitting the Free Application for Federal Student Aid (FAFSA) and CAL Grant Application on or before March 2nd or the twelfth grade.
- \_\_\_\_\_ I commit to take the PSAT Exam in the fall of 10th grade and SAT Reasoning or ACT college entrance exam by the end of junior year in high school.
- \_\_\_\_\_ I commit myself to be friendly, mature, helpful, and share with others in the program.
- \_\_\_\_\_ I commit following the advice of the UB Staff

I acknowledge that I have read this Student Agreement and the requirements listed above. I understand that I may not be allowed to participate in the specific activities and/or fieldtrips if I do not maintain the mentioned academic progress and/or actively participate in program activities. I understand that to increase my chances of going to college/university, I must participate in as many UB activities as possible.

Student's Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_

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

Participant's name: \_\_\_\_\_  
Please Print

UNIVERSITY OF CALIFORNIA, RIVERSIDE  
**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in *General Services for the Upward Bound Classic Program until completion of high school (Academic Advising, Tutoring, Campus Tours, Specialized Workshops)*

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date      Signature of Participant      Date

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date      Signature of Participant      Date  
Participant's Age (if minor) \_\_\_\_\_

Nombre del Participante: \_\_\_\_\_  
(en letra de molde)

UNIVERSIDAD DE CALIFORNIA, RIVERSIDE  
**Renuncia de Responsabilidad, Asunción de Riesgo, y Acuerdo de Indemnización**

**Renuncia:** A cambio de que se me permita participar en cualquier capacidad en los *Servicios General para el Programa de Upward Bound Classic hasta al terminarse la preparatoria (Aconsejo Académico, Tutela, Guiada de la Universidad, Talleres Especializados)* mas adelante llamado "La Actividad", Yo, en mi nombre y en el de mis herederos, representantes o designados personales, **por la presente relevo, renuncio, eximo, y acepto no demandar** a los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes de responsabilidad **de todo reclamo, incluyendo la negligencia de los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes**, resultante de lesión, accidentes o enfermedades (inclusive la muerte) y pérdida de propiedad originada por, pero no limitada a, la participación en La Actividad.

**Asunción de Riesgos:** La participación en La Actividad con lleva ciertos riesgos propios de tales proyectos y actividades que no pueden ser eliminados a pesar del cuidado que se tome para evitar lesiones o daños. Los riesgos específicos varían de una a otra actividad, pero los riesgos pueden incluir: 1) lesiones menores tales como rasguños, magulladuras y torceduras; 2) lesiones mayores como lesiones a los ojos o pérdida de la vista, lesiones a coyunturas o a la espalda, ataques al corazón y contusión cerebral; 3) lesiones catastróficas, inclusive parálisis y muerte.

**He leído los párrafos anteriores y se, comprendo y me doy cuenta de estos y otros riesgos que son inherentes de La Actividad. Por lo presente afirmo que mi participación es voluntaria y que asumo, a sabiendas, todos los riesgos.**

**Indemnización y eliminación de responsabilidad:** También estoy de acuerdo en INDEMNIZAR Y EXONERAR DE TODA RESPONSABILIDAD a los miembros de la Junta de Regentes de la Universidad de California de cualquier y toda reclamación, acción, demanda, procedimiento, costo, gasto, daño y responsabilidad, inclusive los honorarios de abogados resultantes de mi participación en La Actividad y de reembolsar estos costos en caso de incurrir tales gastos.

**Derechos y obligaciones:** El firmante además esta de acuerdo específicamente con el hecho que la Renuncia y el acuerdo de Asunción de riesgos firmados en la presente se proponen ser tan amplios e inclusivos como permite la ley del estado de California y, que si cualquier parte de ellos se determina nula, se esta de acuerdo en que el resto, sin embargo, mantendrá toda su fuerza y efecto.

**Reconocimiento de entendimiento:** He leído esta Renuncia de responsabilidad, Asunción de riesgos y acuerdo de indemnización y entiendo por completo las condiciones y **entiendo que estoy renunciando a derechos substanciales, incluyendo mi derecho a entablar una demanda.** Reconozco que firmo este acuerdo libre y voluntariamente, y **con mi firma indico que esta es una renuncia completa e incondicional de toda responsabilidad** de la manera mas amplia permitida por la ley.

**Student's Name:** \_\_\_\_\_  
Your Name School Grade

**TO THE INDIVIDUAL COMPLETING THIS FORM:**

The person whose name appears above has applied for admission to the Upward Bound Program. The selection committee would appreciate your answering the questions below in a specific and candid manner, noting any particular incidents, which illustrate his/her maturity, initiative and academic potential to succeed. Please understand that your recommendation may be made available for inspection at the student's request, pursuant to the Family and Educational Rights and Privacy Act of 1974 and related laws and regulations (use additional sheet, if necessary)

**WHEN COMPLETE, EMAIL OR FAX TO:** Classic: Oscar Hinojosa – [Oscar.Hinojosa@ucr.edu](mailto:Oscar.Hinojosa@ucr.edu)  
 or  
 Oasis: Rudy Curiel – [Rodolfo.Curiel@ucr.edu](mailto:Rodolfo.Curiel@ucr.edu)  
 FAX (951) 827-4762

**Recommender's Name:** \_\_\_\_\_  **Teacher**  **Guidance Counselor**

**School/Organization:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Explain comments by using complete sentences; avoid short answers such as “yes” or “no”. If your relationship with the applicant does not allow you to make an evaluation of any item, please indicate “N/A” or not applicable.

1. How long have you known the applicant? \_\_\_\_\_ year(s). Under what circumstances?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. If you are/were the applicant's **teacher**, please rate the applicant on the following criteria:

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Needs Improvement</b>	<b>N/A</b>
1) Academic Achievement					
2) Writing Skills					
3) Reading Skills					
4) Math Skills					
5) Science Skills					
6) Academic Potential					
7) Motivation					
8) Follows through on assignments and projects					

3. If you are/were the applicant's guidance counselor, please rate the applicant on the following criteria:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Agree Somewhat</b>	<b>Disagree</b>
1) Positive self-image				
2) Potential to attend college				
3) Potential to succeed in a program that requires summer and/or weekend commitments				
4) Highly motivated				
5) Potential for growth				

4. What other qualities come to mind that best describe the applicant?

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5. To the best of your knowledge, does this applicant have a disadvantaged background (i.e., low income for several years, first generation college student, inner-city or migrant family)? Yes  No  Why?

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6. What services or assistance would assist him/her to succeed in college?

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7. Are you aware of any current circumstances or problems which might affect the applicant's performance in high school (e.g., financial background, family responsibilities, educational preparation, health)?

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Signature \_\_\_\_\_

Date \_\_\_\_\_