



Stark State College
Upward Bound Math-Science Academy
Extra-Curricular Activity Form

Student Name: _____

School Attending: _____ Current Grade: _____

Name of Guidance Counselor: _____ Current GPA: _____

SECTION I: STUDENT ACTIVITY

List below the name and date of the school activity that will conflict with your participation at a monthly Saturday Session or bi-weekly, after-school College Connection Session:

Table with 4 columns: Date/Day, Activity, Beginning time, Ending time

ATTACH YOUR TEAM / CLUB CALENDAR AS VERIFICATION OF THESE ACTIVITIES

SECTION II: VERIFICATION OF SCHOOL OFFICIAL

Please obtain the signature of the coach, teacher, or other school official who will conduct or be responsible for the above listed activity:

I understand by signing below that the above said student will participate in the activities outlined in section one of this form. By signing below, I am verifying the above, date, activity, and duration of participation is accurate for the said student:

Name of School Official (Please Print)

Signature of School Official

Date

SECTION III: PARENT AND STUDENT SIGNATURE

I understand that Saturday Sessions and College Connection are a mandatory component of the UBMS Academy. I also understand that my student will be expected to participate in these activities once the above sport/extra-curricular activity concludes:

Parent/guardian signature

Date

Student Signature

Date

Please Note

Complete as many of these forms as needed for each activity that will conflict with an UBMS activity. This form must be received prior to your absence with the appropriate signatures.