

REFUGES ACT

Preparation Program

2019

Fact Sheet

REFUGES (Refugees Exploring the Foundation of Undergraduate Education in Science) ACT Preparation Program, operated by the University of Utah's Center for Science and Mathematics Education in collaboration with the Utah State Board of Education, Department of Workforce Services and the Sudanese Community in Utah (SCUT), is offered for all students in grades 11 and 12. The program operates each Saturday, **11:00pm-2:00pm.**

Programming will take place at the Refugee Education and Training Center located at 218 West 3900 South, South Salt Lake, UT 84115, Building B, room 133. The program will begin **August 3, and end September 7.**

The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above-named Event/Program, please contact the University's Office of Equal Opportunity and Affirmative Action at (801) 581-8365.

Students will be accepted on a first-come, first-served basis. To register your child, complete this application, bring your child to the course diagnostic test to assess pre-course performance levels on the first day of the ACT Prep class on August 3, 2019. Completed applications may be delivered in person, during first day of the ACT Prep class on August 3, 2019, to the REFUGES program Director, **Tino Nyawelo** (see contact information below).

In the REFUGES 2019-20 Program your student will receive:

- Guidance on ACT test-taking strategies.
- Tutoring and support on all ACT subjects.
- Free test preparation materials including a practice book and practice problems.
- A snack/light meal during program time

Please be prepared:

- Students are admitted to the REFUGES program on a first-come, first-served basis.
- Completion of Student Registration Form does not guarantee enrollment.
- Please let us know on the Student Registration Form if there are any **food allergies/dietary restrictions.**
- Make sure to add any allergies (food, drug, bees, etc.) and complete the medical information section.

Student Conduct:

If a student is impairing the physical or emotional well-being of fellow students, drivers or staff, the parent/guardian will be contacted and the student may be terminated from the program. For offenses not requiring immediate termination, students will receive up to three warnings before being removed from the program. If your child has a disability and would like to request accommodations, please notify the Director before the program starts.

Attendance:

A pre- and post-course diagnostic exam will be administered on the first and last day of the ACT Prep Program. For this reason, those wishing to attend are **REQUIRED** to attend the first and last days of class. Only a single absence will be permitted otherwise. Those that fail to meet this requirement will be removed from the course. Transportation will not be provided to or from the program.

Management Contact:

Tino Nyawelo, REFUGES Director: tnyawelo@gmail.com.

If you are over 18 years of age and would like to participate in this program, please read carefully and sign the following documents.

If you are under 18 and would like to participate, please read carefully the following documents with a parent or guardian. Parent/Guardian signatures are required where prompted.

REFUGES Afterschool Program Student Registration Form (Spring 2019)

In order for your child to attend our program(s), please fill out this form completely. Students are admitted on a first-come, first-served basis; completion of this form does not guarantee enrollment. All information provided will be kept confidential.

Student Information

Child's Name: _____ Student's School Identification #: _____

Date of Birth: _____ Age: _____ Grade: _____

Is your child a refugee (optional)? YES _____ NO _____ (Please note that this information will NOT impact your child's enrollment).

Gender Identity (optional) Male Female Other – specify _____

What is your child's ethnicity (optional)? Black or African American Asia or Pacific Islander Caucasian Hispanic or Latino American Indian or Alaska Native Other – specify _____

Address of residence:

(Street) (City) (State) (Zip)

Parent/Guardians' Names: _____

Relationship to Child: _____

Parent/Guardians' Phone Numbers **Home:** _____ **Work:** _____ **Cell:** _____

E-mail Address: _____

Emergency Contact Name and Phone Number: _____

Student Cell Phone Number: _____ Student Email Address: _____

Medical Information

1. Does your child have any medical/mental condition(s) and/or any learning disabilities that we should be aware of?

YES _____ NO _____ If yes, please explain: _____

2. Does your child take any medication? (Please note that we do not administer any medications.)

YES _____ NO _____ If yes, please name any medication your child is taking and the dosage and times

3. Does your child have any allergies to food, drink or environmental conditions such as bee stings?

YES _____ NO _____ If yes, please explain: _____

4. Does your child have any dietary restrictions (non-allergy related)?

YES _____ NO _____ If yes, please explain _____

REFUGES Afterschool Program Student Registration Form (Spring 2019)

Photography/Media Release

The REFUGES Afterschool Program often collaborates with outside entities from the University of Utah, the Planned Parenthood Association of Utah, and other community organizations. Members of the REFUGES Program will often interact with these partners, under the supervision of the REFUGES Program Staff, and will on occasion be involved in the creation of materials which will be published by the REFUGES Program and/or our partners.

Do you give permission for you or your child's name, photograph, image, recording, and/or written statements to appear in any materials published by the REFUGES Program or any of its affiliated organizations, including, but not limited to, print, video, electronic (Internet) publication/distribution, and any other media now known or unknown?

YES

NO

Do you understand that you will not receive any compensation or royalty?

YES

NO

Please sign below to certify your understanding of the above statements, and to release and discharge the REFUGES Program, its agents, employees, volunteers and partners from any and all liability in connection with the abovementioned use of such photographs, images, or recordings and hold the same harmless from any and all liability in connection with said use.

Signature of student if over 18 years old:

Signature of Parent/Guardian if under 18 years old:

REFUGES Afterschool Program Student Registration Form (Spring 2019)

Signatures

Please sign below to certify that you have read and thoroughly understood the above documents, and that permission is given for the following:

- I understand that Photography/Media Release, Evaluation Release and Prevention Education are voluntary and I will complete the associated forms (FERPA, Parental Permission) if my child has my permission to participate.
YES _____ NO _____
- I authorize REFUGES employees and volunteers in charge of the students to obtain all necessary emergency care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment to my child.
YES _____ NO _____
- I agree to release, waive, covenant not to sue, and hold harmless the University and all of their officers, employees and agents (collectively the "Releasees") from the cost of any medical care that Participant receives as a result of participation in the Program. I agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of Participant's participation in the Program. This release extends to any claim made by parents/guardians or their assigns arising from or in any way connected with the aforementioned activities.
YES _____ NO _____
- I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law. I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.
YES _____ NO _____

I HAVE READ AND UNDERSTAND THIS FORM IN ITS ENTIRETY.

Parent or Guardian Signature **Date**

Translator Name (if applicable) **Date**