**Upward Bound Math Science** **East Central University**

**Student Responsibility**

**STUDENT CONDUCT AGREEMENT/ STUDENT HANDBOOK**

**STUDENT CONDUCT**

One of the objectives of the East Central University Upward Bound Math/Science program is to enhance your learning experience by offering a variety of interactive events, including field trips and other educational and cultural activities. The continued achievement of this objective depends, in large part, on both your active participation and your appropriate behavior.

In general we expect you to conduct yourself as you would on any school-sponsored event. Student use of tobacco, alcohol, narcotics, or illegal substances and/or possession of any weapon during an Upward Bound Math/Science sponsored event is not allowed. Explicit and/or obscene language, behavior, and/or music will not be tolerated. Inappropriate Public Display of Affection is not tolerated. Students are not allowed to hold hands, kiss, or any other physical displays of affection.

**Consequences of unacceptable behavior may include one or more of the following:**

* documented verbal warning,
* exclusion from next activity during trip,
* notification of parents and/or school officials,
* Exclusion from future trips or cultural events, or dismissal from program.

I understand the consequences of unacceptable behavior on Upward Bound Math/Science sponsored events and I agree to abide by the regulations set forth by the Upward Bound Math/Science program.

**SUMMER ACADEMY STUDENT HANDBOOK**

I have read and familiarized myself with the rules and regulations for this program. I agree to abide by these rules and regulations while on campus, and any field trips provided by UBMS. I understand that the benefits of the program are available only for full participation and that lack of participation will result in my termination. I also understand the consequences that may be imposed should I violate one of the rules.

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**Student Name (please print) Student Signature**

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**Parent Name (please print) Parent Signature**

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**Date**