

## **CYSP Rules and Regulations (Parent and Student)**

- 1- CYSP is run by volunteer IMSA staff members.
- 2- CYSP is an extracurricular activity. (Education is a right, CYSP is a privilege).
- 3- The school or school coordinator can cancel the CYSP at any time during the school year for any reason (budget, lack of interest, limited number of advisers and students, etc...).
- 4- CYSP advisor or CYSP student can give up or leave the program during the school year for any reason (overwhelming, limited time, schedule, arrangement, health, accident, etc.....)
- 5- If the adviser of your child does not provide CYSP activities to your child or if the adviser does not approve the activities for CIS logbook, please arrange a meeting with the adviser of your child within 2 weeks to discuss.
- 6- If you do not see any progress after a meeting with the advisor, please have a meeting with school coordinator asap.
- 7- If adviser give up the CYSP or does not enter/approve the activities:
  - School coordinator will look for an another eligible adviser.
  - If school coordinator finds a new adviser, your child will be assigned to a new adviser.
  - if there is no eligible and available adviser in the school building, your child will have to wait until next school year.
- 8- School, coordinator, and adviser can't be forced due to the above issues.
- 9- If your child stays without an adviser at any time during the school year, your child still may get award if he/she completed any level (Bronze, Silver, Gold).
- 10- If any of CYSP requirements are missing for a level, student will not be able to get an award.
- 11- All requirements of CYSP for a level must be completed to get an award (NO EXCUSE).
- 12- If student completes half of the requirements for each item of Bronze/Silver/Gold level, student will be able to get "Honorable Mention" Certificate.
- 13- CYSP student is responsible to submit his/her CYSP activities with an electronic device (phone, computer, tablet, etc..) within 2 weeks after the activity. After two weeks pass, the adviser does not have to approve it.
- 14- CYSP Parent and Student should obey the above rules, regulations and parent/student/adviser handbook which can be seen at [www.cysp.us](http://www.cysp.us)

To be accepted into this program, the student and parent/guardian must agree to the terms specified above and handbook (at [www.cysp.us](http://www.cysp.us)) .

**Please sign** and return below four forms to the school CYSP Coordinator (Mrs. Tschaenn) by **Friday, August 18th, 2017**:

- 1- This form (CYSP (Parent-Student) Rules and Regulations)
- 2- Student pre-application form (attached)
- 3- Why do you want to be in the CYSP? (Write an essay/paragraph)
- 4- CYSP Commitment Form (attached)

I have read and discussed this agreement and CYSP parent/student/adviser handbook with my child and agree to his/her participation in this program.

**Date:**

**Name of Parent/Guardian:**

**Signature of Parent/Guardian:**

**Name of Student:**

**Signature of Student:**

INDIANA MATH and SCIENCE ACADEMIES  
CONCEPT YOUNG SCHOLARS PROGRAM (CYSP)  
STUDENT **PRE-APPLICATION** FORM

Dear Parents and Guardians;

Concept Young Scholars Program (CYSP) is a new program for all Concept Schools that will focus on academic challenges, healthy lifestyle, building confidence, volunteerism, exploration, and many fun activities.

This program will be run by volunteer and available staff members (Advisor).

Any student attending Concept Schools from grades 5-12 may apply for this program. Each volunteer advisor has his/her specific criteria (such as grade, gpa, discipline, test score, etc...). Student candidates are expected to meet advisor's criteria.

Please be advised that returning this pre-application **DOES NOT GUARANTEE** a spot in our 2017-2018 CYSP. This is a pre-application only to gauge of interested students. Eligible students will be announced by the advisor by the third week of August.

Please complete and return this form below to CYSP School Coordinator by Friday, August 18<sup>th</sup>. 2017.

**Name of Student:**

**Grade:**

Which level do you prefer? (Bronze/Silver/Gold):

(Please see enclosed CYSP booklet for each level's requirement)

Name of your previous year's adviser:

Do you want to continue with same adviser in 2017-2018 school year?:

Which adviser do you prefer to work with in this year? :

I have read and discussed this agreement and CYSP parent/student/advisor handbook and parent/student rules and regulation form with my child and agree to his/her participation in this program.

**Name of Parent/Guardian:**

**Signature:**

**Date:**

**Student's signature:**

# Indiana Math and Science Academy (IMSA)

## CONCEPT YOUNG SCHOLAR PROGRAM COMMITMENT FORM

### STUDENT

I have reviewed and agree to abide by each of the responsibilities and expectations outlined in the IMSA Concept Young Scholar Program information sheet. I understand that failure to follow the CYSP responsibilities may result in my dismissal from the program.

*Student Name:* \_\_\_\_\_ *Grade:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

### PARENT(S)/GUARDIAN(S)

I/We, the parents of the above-named student, have received and reviewed the IMSA CYSP information sheet and understand my/our responsibilities for the program. I/We agree to support my/our child and the volunteer mentor teacher by communicating regularly and encouraging my/our child to be an active participant of the CYSP.

Should my child sustain or incur any accident or illness while in the CYSP, I hereby authorize the director/administrator, or his/her agent, to execute any and all documents, including any necessary releases, which might be required at any medical facility to perform any emergency care on my behalf. In the event that my child has an illness or accident during the program, and it requires a visit to the doctor or hospital, the existing family policies will solely represent the insurance coverage.

For transportation needs, unless I offer another option to the school, I am giving full consent to the IMSA Staff/volunteers for the transport of my child.

I give permission for my child to participate in any and all activities of the CYSP, and I do not hold the IMSA liable for my child.

*Parent/Guardian Name* : \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

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

*Home Address:*  
\_\_\_\_\_

*Phone Number:* \_\_\_\_\_ *E-mail:* \_\_\_\_\_

*Parent/Guardian Name* : \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

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

*Home Address:*  
\_\_\_\_\_

*Phone Number:* \_\_\_\_\_ *E-mail:* \_\_\_\_\_



(Please write an essay/a paragraph)

**Why do you want to be in the CYSP?**