**Student Eligibility Confirmation Form**

**ONU SUMMER ACADEMIC and HONORS & SCHOLAR PROGRAMS**

**Instructions to Students:**

This form must be completed and signed by a gifted coordinator, gifted education teacher, guidance counselor, principal, or psychologist. Send the completed and signed form with your application to Ohio Northern University.

If you are not currently enrolled in an Ohio public school, you may demonstrate eligibility by submitted documentation showing that you meet the criteria for gifted identification in Ohio Administrative Code (OAC) 3301-51-15(c) (“eligibility”) in place of this form. The text of OAC 3301-51-15 is available online at: [www.ode.state.oh.us/exceptional_children/gifted_children/TheRuleOAC3301-51-15.ASP](http://www.ode.state.oh.us/exceptional_children/gifted_children/TheRuleOAC3301-51-15.ASP). If you do not meet eligibility according to the OAC, but have a letter from your high school guidance counselor, you may also qualify. A parent or guardian’s signature is not sufficient to establish eligibility to participate in Summer Academic and Honors Institute.

**Instructions to Educators:**

To be eligible to participate in the ONU’s Summer Academic and Honors Institute, students must be enrolled in the 9th to 12th grade during the 2014-2015 academic year, and must be identified as gifted in one or more areas of identification according to the criteria specified.

Please complete, sign, and date this form.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Student’s Current Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>School District:</td>
<td>School Building:</td>
</tr>
<tr>
<td><strong>Area(s) of Gifted identification:</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Superior Cognitive</td>
<td>☐ Specific Academic Ability</td>
</tr>
<tr>
<td>☐ Creative Thinking</td>
<td>☐ Mathematics</td>
</tr>
<tr>
<td>☐ Visual/Performing Arts</td>
<td>☐ Science</td>
</tr>
<tr>
<td>☐ Reading, Writing or a Combination</td>
<td>☐ Reading, Writing or a Combination</td>
</tr>
<tr>
<td>☐ Social Studies</td>
<td>☐ Social Studies</td>
</tr>
</tbody>
</table>

“I certify that the student named above meets the criteria for gifted identification described in Ohio Administrative Code (OAC) 3301-51-15.”

School Official’s Name (Print) ________________________________

__________________________        __________________________
School Official’s Signature     School’s Official Phone Number

School Official’s Position:

☐ Gifted Coordinator        ☐ Gifted Intervention Specialist
☐ Counselor                ☐ Psychologist
☐ Principal                ☐ Other Administrator: __________________________
OHIO NORTHERN UNIVERSITY
SUMMER ACADEMIC AND HONORS PROGRAM
Recommendation Form to be used in replacement of the Gifted State Form for Eligibility
Counselor, Teacher, Principal:  Please Complete Recommendation

Recommendation or Comments (please type or print clearly or attach separate sheet):

1. In your judgment, does the student have the necessary maturity to be a residential scholar student at this time?
   ___ Yes  ___ No

2. I recommend the above student for admission to Ohio Northern University’s Scholar Program. The student ranks in the top 10% of the class or has maintained an academic average of 3.5 or above on a 4.0 scale (or equivalent). The student will have completed ________ academic credits by the end of the current academic year.

Name of Counselor, Teacher, Principal

(Please type or print – include first and last name.)

Title ____________________

Name of School ______________

Telephone Number __________________ Fax __________________

Email __________________________________________

Signature ________________________________  Date __________________

Program Contact:  Dr. Dennis De Luca  Voice:  419-772-2331  Fax: 419-772-2330
Information:  E-mail: d-deluca@onu.edu
URL:  http://www.onu.edu/academics/summer_academic_and_honors_institute

REMEMBER TO ENCLOSE AN OFFICIAL TRANSCRIPT IN AN ENVELOPE SEALED BY YOUR SCHOOL.
OHIO NORTHERN UNIVERSITY
SAHI
Code of Conduct

This code of conduct for the ONU Summer Academic and Honors Institute (SAHI) delineates the rules that each participant of the camp will comply.

Failure to comply will result in loss of the ONU Summer Academic and Honors Institute (SAHI) residential fee and dismissal from the campus.

- Students are required to participate in the entire schedule of activities and should report to each activity promptly. Counselors are kept abreast of schedule modifications to ensure compliance.

- There is to be no smoking, drinking of alcoholic beverages or use of illegal drugs in private or public. Violation of this code leads to IMMEDIATE DISMISSAL.

- Dress should be in good taste at all times. Provocative dress is not appreciated by anyone.

- Curfew is 11:00 p.m. and is stated in your schedule and must be followed. Participants must be in their rooms at the designated time. Participants should not leave their assigned rooms during curfew, except for an emergency. Violations of this code leads to IMMEDIATE DISMISSAL.

- Noise in the dormitory halls and rooms must be kept to a minimum. Music and television must be kept to an acceptable level. Failure to follow these warnings may lead to dismissal.

- Rough play is prohibited. Participants are directly responsible for any and all damages to their dorm rooms.

- Windows in rooms are not to be opened by participants.

- Problems with rooms or other facilities should be reported to the counselor and/or the front desk.

- Participants are not permitted in rooms other than their assigned rooms unless invited to enter another room by the occupants of the room.

- **Participants are NOT permitted to enter rooms of the opposite gender for any reason.** Violation of this code will lead to IMMEDIATE DISMISSAL.

- Participants must respect the authority of the Course Instructors, Director of the SAHI, Course Counselors, Program Assistants, and ONU staff at all times.

- Participants should exhibit proper behavior in the Residence Hall room while moving from room to room and while moving to various camp locations. Proper behavior is expected at all times.

- All problems are reported to SAHI Director, Dennis De Luca, Ph.D.

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OHIO NORTHERN UNIVERSITY
SAHI
Code of Conduct Signatory Form

Requires signature and to be mailed or faxed to
Dr. Dennis De Luca ATTN: SAHI at ONU 525 S. Main St, Ada, Ohio 45810

Reasons for dismissal from the camp:
1. Use of drugs/alcohol/possession/distribution or sale
2. Possession of drug paraphernalia
3. Tobacco use
4. Tobacco paraphernalia/possession
5. Possession of a weapon/cigarette lighter
6. Use of an object as a weapon
7. Purposely setting a fire/arson
8. Physically assaulting a student or staff person
9. Fighting
10. Verbal assault of a student or staff person
11. Gambling
12. Possession or use of explosives or fireworks
13. Intentional damaging of property (Dorm, ONU, field trips)
14. Unauthorized use of school or private property
15. Leaving Institute activities without permission
16. Theft
17. Pornography
18. Inappropriate language
19. Incurring unauthorized costs to the Institute
20. Use of personal automobile during the camp

Please contact a SAHI Counselor or Dr. De Luca directly (419-772-2331 office or cell 419-204-3361) if an emergency arises or if a visit to the nurse or student health center is needed.

I have read and agree to abide by the ONU Summer Academic and Honors Institute (SAHI) Code of Conduct:

X ____________________________ Signed name
(can be electronic signature)
Ohio Northern University
Office of University Communications and Marketing

Student Photo Release

I, (print name) ___________________________________ hereby assign to the University Communications and Marketing Department at Ohio Northern University, all rights in and to any photographs, motion pictures, video tapes, and/or audio recordings taken of me while a student.

I hereby authorize the University Communications and marketing Department at Ohio Northern University, to reproduce, copy, exhibit, publish, or distribute any and all such photographs, pictures, video tapes, and/or audio tapes obtained from me. This contract will adhere to any present contract I have presented to Ohio Northern University.

I understand and agree that the University Communications and Marketing Department at Ohio Northern University will be held free and clear of any responsibility or claim for personal liability during the time that the photograph, motion picture, video tape, and/or audio recording of me is/was taken.

________________________________________________________________________
Student signature

________________________________________________________________________
Parent/guardian signature (if student under Age 21)

________________________________________________________________________
Address

________________________________________________________________________
Parent/guardian name

________________________________________________________________________
Phone

________________________________________________________________________
Address
Medical Waiver and Information Form
ONU SUMMER ACADEMIC and HONORS & SCHOLAR PROGRAMS

This form must be notarized

I hereby authorize and consent to medical treatment for my son or daughter ______________________ in case of injury or illness while attending the Ohio Northern University Summer Academic and Honors Institute.

Signature of Parent: ______________________

Primary Insurance Company Name: ______________________

Group or Plan Number: ______________________           Plan Number: ______________________

Secondary Insurance Company Name: ______________________

Group or Plan Number: ______________________           Plan Number: ______________________

Name of Insured: ______________________

Please list all allergies of your son/daughter:

Medications: ______________________

All Other Allergies: ______________________

Please list any current medications your son or daughter is taking and the dosage:

________________________________________

________________________________________

________________________________________

State _____________ County of ________________ Signature of Insuring parent:

________________________________________ Before me, a notary public in and for said state and

county, personally appeared the above named ______________________ that he/she did sign the

foregoing instrument and the same is his/her free act and deed.

In TESTIMONY WHEREOF, I have hereunto set my hand and official seal at CITY ______________

________________________ STATE ______ this __________________ day of ______________________, 20________

(Notary public)