



LOT Parent Success Contract

I/We, _____, the proud parent(s) of _____ a member of the **National Black MBA Association Leaders of Tomorrow Program (LOT)** do hereby promise to be (a) model parent(s) in which my/our son/daughter is a participant.

I/We will:

- encourage my child(ren) to set and achieve high educational and professional goals by jointly developing measurable objectives;
- support and promote my child(ren) to participate in community service activities;
- assist, when possible, in fundraising opportunities to support the Leaders of Tomorrow Program;
- identify a “success team” of four individuals that will join me/us in enhancing the quality of life for my child(ren).

I/We understand the roles of a LOT parent and look forward to assisting my child to become successful.

Signed: _____

Witnessed by Mentor: _____

Date: _____

Appendix A

LOT Individual Goals

1) (Ex.) To increase my GPA by .5

2) (Ex.) Identify 3 and apply to undergraduate schools or training programs.

3) (Ex.) Participate in at least 40 hours of community service

Success Team

1) (Ex) Mother/Father _____

2) (Ex) Minister _____

3) (Ex) Teacher _____

4) (Ex) Family member _____

Appendix B:

Expectations of an LOT Student

I, _____, future member of the **National Black MBA Association Leaders of Tomorrow Program (LOT)** do hereby promise to be (a) model student.

I understand that:

- All students are expected to attend at least 90% of all workshops.
- Excessive absences and tardiness will result in the exclusion of students from trips and overnight events.
- Pre-work and previous assignments will be completed prior to meetings.
- Students will provide advanced notice when sessions will be missed including reasons for missing that session

I understand my role as a LOT participant and look forward to the success that comes with it.

Signed: _____

Witnessed by Mentor: _____

Date: _____

Appendix C:

STUDENT EMERGENCY CONTACT FORM

Please complete all requested information below

Last Name _____

First Name _____

Middle _____

Current High School Class: _____

Home Address:

City:

State:

Zip Code:

Date of Birth:

Cell Phone:

Home Telephone:

HEALTH INSURANCE INFORMATION

Please complete all requested information below

Insurance Company Name:

Contact Number:

Insurance member ID:

EMERGENCY CONTACT:

Please complete all requested information below. List all individuals that you would like to be notified in case of emergency.

1) Name Relationship

Street Address

City

State

Zip Code

Telephone

Cell Phone #

Work Phone#

Additional Numbers

2) Name Relationship

Street Address

City

State

Zip Code

Telephone

Cell Phone #

Work Phone#

Additional Numbers

ALLERGIES AND MEDICATION INFORMATION

Please print YES or NO clearly. List all allergies, medicines or medical issues below

Are you allergic to anything? Please list all allergies.

Are you taking any medication we should be aware of? Please list all medications we should be aware of.

Do you have any medical/mobility/mental health concerns of which we should be aware?

Please list medical/mobility/mental health concerns that we should be aware of:

The information requested on this document is confidential and for emergency use only. In the event of a medical emergency, this information will be used by the New Jersey National Black MBA Association Leaders of Tomorrow Program. Please be honest when completing all pertinent information.

In the case of an emergency, I authorize my information to be released to emergency personnel. I also agree that any/all emergency contacts listed may be notified in case of an emergency

Printed Name: _____ Signature: _____

NBMBAA-NJ Witness: _____ Date: _____