Parent/Guardian and Student Application

Educational Talent Search Pre-College Program
ADDRESS 1500 N. Patterson St. • Valdosta, GA 31698–0275
PHONE 229.333.5463 • **FAX** 229.249.2687
WEB www.valdosta.edu/ose/EducationalTalentSearchProgram.shtml

(Please Print All Information)

Confidentiality Statement: *This information will be kept in strict confidence and will not be revealed to anyone except ETS Pre-College Program personnel in accordance with the Family Educational Rights and Privacy Act.*

Parent/Guardian's Name: _____
LAST   FIRST

Students Name: _____
LAST   FIRST

Mailing Address:_____
STREET   CITY   STATE   COUNTY   ZIP

_____
STUDENT'S E-MAIL ADDRESS   PARENT'S EMAIL ADDRESS

_____
HOME PHONE #   WORK PHONE #

_____
DOB   AGE   SEX: M F   SOCIAL SECURITY NUMBER

School _____   Grade: 6 7 8 9 10 11 12

Grade Point Average (GPA): _____

Were you born in the United States?   Yes   No
(US Citizen or Permanent Resident)

A - 4.0 (90-100)	**B** - 3.0 (80-89)	
C - 2.0 (70-79)	**D** - 1.0 (600-69)	

Race: ____ White (Caucasian) ____Black (Afro-American) ____ Hispanic Asian American ____ American Indian ____Other

Do you have any documented disabilities? Yes No If yes, explain?_____

_____

Emergency Contact: _____ Emergency Phone #: _____

Guidance Counselor/Specialist's Name: _____

*Parents, please be advised that occasionally, television/newspaper crews advertise stories on after-school enrichment programs. Also, production media such as brochures, web pages, newsletters, etc., will be developed which may include photographs of children participating in the program. If you do not want your child's photograph to be included in promotional media, please indicate this below.

____ Yes, you have permission to include my child's photograph in print or multimedia.

____ No, you do not have permission to include my child's photograph in print or multimedia.

Dear Parent/Guardian:

The Department of Education in Washington D.C. funds the Educational Talent Search Program. We are required to provide services to a portion of students who meet a certain criteria. Please help us meet these criteria by completing the following questions:

Note: Applications that are not fully completed may be placed on a waiting list.

(Please check the appropriate line)

Student Lives with:

___ Both Parents   ___ Legal Guardian
___ One Parent   ___ Spouse
___ Parent/Step Parent   ___ Other
___ Foster Parent   ___ Homeless

 # Of People living in your household   **Your household income last year**

___ 1   ___ 6   ___ $0 to $17,235   ___ $41,356 to $47,385
___ 2   ___ 7   ___ $17,236 to $23,265   ___ $47,386 to $53,415
___ 3   ___ 8   ___ $23,266 to $29,255   ___ $53,416 to $59,445
___ 4   ___ More than 8   ___ $29,256 to $35,325   ___ More than $59,446
___ 5   ___ $35,326 to $41,355

Indicate the yearly amount your household receives from each of the following:

AFDC $_____   Disability $_____
Child Support $_____   Other $_____
Social Sercurity $_____

I understand that the financial information provided is correct to the best of my knowledge. (Check one) ___ Yes ___ No

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*These Questions Must Be Answered

*Does your child receive free or reduced lunch? ___Yes ___No
*Did you or your spouse GRADUATE from a four-year college? ___Yes ___No
If you answered No above:
Highest educational level you have completed ____ Associates Degree ____ High School ____ Did not finish high school
Highest educational level completed by your spouse ____ Associates Degree ____ High School ____ Did not finish high school

I hereby authorize the ETS personnel to obtain copies of my child's transcripts, grade reports and test scores, or any other information necessary to determine eligibility for services. I understand this information will be held in strict confidence. I also acknowledge that this information is correct to the best of my knowledge.

_____   _____/ _____/ _____
Parent/Guardian's Signature   Date

_____   _____/ _____/ _____
Student's Signature   Date

STAFF ONLY

Application Received: _____   Applicant Intake Date:_____
Applicant Status: FG LI FG/LI NONE   Staff Initials: _____