



STUDENT INFORMATION (Please Print)

1. _____
First Name MI Last Name

_____ Birth date
Social Security Number

Student Age: _____ Entering or Current Grade _____

Mailing Address _____

Physical Address _____
(If different than mailing)

Garden City _____
City State Zip Code

Email address of student: _____
Cell phone number of student: _____

Is your address only temporary? _____
If yes, explain: _____

Are you currently homeless? _____
If yes explain: _____

Are you or have you ever been an orphan or ward
of the state? Yes ___ No ___

If yes, Caseworker Name and Phone Number:
_____ Phone No. _____
Caseworker Name

Do you have a documented disability? _____
If yes describe: _____

STUDENT DEMOGRAPHIC INFORMATION

2.

Are you a citizen of the United States?
 Yes, I am a citizen of the United States.
 No, but I am an eligible non-citizen:
 Permanent Resident Number _____

Veteran (student) Yes No

Sex Male Female

Ethnicity (mark all that apply) :
 Hispanic/Latino (a) African-American Native American
 White Asian Other

STUDENT FINANCIAL INFORMATION

3. Do your parents claim you on income tax? Yes No
 Does your spouse claim you on income tax? Yes No
 Do you have any dependents? Yes No

Siblings:
 Name: Age: School

How many people were claimed on the student's income
 tax (if applicable)? _____

Student Signature: _____
Date _____

PARENT OR GAURDIAN INFORMATION

Do either of the student's birth or adoptive parents have a 4-year college degree (Bachelor's)? *

Yes No

* Even if a student does not live with the birth or adoptive parent, we require this information for eligibility purposes.

Parent 1

Name: _____

Relationship to student: _____

Does student live with this parent at any time during the year? Yes No

Home &/or Cell Phone Number: _____

Employer/Occupation: _____

Work Phone Number: _____

E-mail: _____

Parent 2 (If applicable)

Name: _____

Relationship to student: _____

Does student live with this parent at any time during the year? Yes No

Home &/or Cell Phone Number: _____

Employer/Occupation: _____

Work Phone Number: _____

Email: _____

Miscellaneous Information

Language(s) spoken at home _____

Is anyone else in your family receiving services from Educational Talent Search?
 Yes No
 If yes, who? _____

Parent Signature: _____
Date _____

GCCC EDUCATIONAL TALENT SEARCH INCOME STATEMENT

ETS Participant Name: _____ Social Security # _____

I, _____ (parent/guardian), state that our family's total **taxable income***
(after deductions) in the year of 2013 was in the amount of \$ _____.

This income supported ___ members in our household.

***Information on Income Tax form:**

Form 1040 → Line 43 amount

Form 1040A → Line 27 amount,

Form 1040EZ → Line 6 amount

By signing below I acknowledge that all the information I have provided is true and correct.

Signature (Parent or Guardian)

Date

All information will be maintained in a *locked* confidential file.

***This does not refer to total wages and cannot be found on your W2 forms.** Please refer to the specific line (listed above) for taxable income on the income tax form that you filed (1040, 1040A, or 1040EZ) in order to report the correct amount.

STUDENT AND PARENT/GUARDIAN CONTRACT

Because family support is very important in education, both students and parents/guardians need to understand that the following goals are an essential part of the program.

As a student entering the Educational Talent Search Program, I understand the following:

1. I will complete High School
2. I will strive to excel so that I can pursue a post-secondary school and further my job skills.

I understand that during my participation in the GCCC Educational Talent Search Program:

1. My purpose will be to prepare for entrance into a postsecondary program at a college, university or institution.
2. I will accept all appointments and attend all meetings that I commit to throughout the Educational Talent Search Program (i.e. workshops, tutoring, and field trips, etc.).
3. I will abide by all rules and regulations of the Educational Talent Search Program and Garden City Community College.
4. Poor attendance or lack of participation will be basis for dismissal from the program.

PARENT CONSENT AND AUTHORIZATION FORM

I give permission for my child to go on supervised field trips authorized by the program.

I hereby voluntarily assume all risks and responsibilities surrounding my child's participation in the pre-college programs. I hereby release and agree to indemnify Educational Talent Search and Garden City Community College and its employees from any liability or damage to personal property or personal injury, which may result from my child's participation, unless such damage or injury is the result of negligence on the part of the College.

I hereby consent/authorize for my child to receive emergency medical care in the event that I cannot be reached. This authorizes college personnel to obtain treatment from any reasonably accessible health care institution should the need arise. I understand that I am responsible for the cost of all services and medications, excluding those that may be the responsibility of the college as indicated in the above paragraph.

I grant the Garden City Community College Educational Talent Search Program, the permission to obtain the following school information such as transcripts, school lunch applications, copies of achievement standardized test, graduation information, disability-related information and all available test scores concerning academic progress. I understand that this information will be used solely by the Educational Talent Search program and the contents will be kept in the strictest confidence.

I grant Garden City Community College permission to use the name, as well as still and/or video images of my child, for online or printed publications and public relations purposes.

My signature below certifies that I have read, understood, and agreed to the above. I also understand that this document will be valid throughout my child's involvement in the Talent Search Program.

Student,

I understand the above goals and requirements. By signing, I commit myself to the Educational Talent Search Program. _____ (Please Initial)

Parent/Guardian,

I understand the above requirements of the Talent Search Program. By signing, I commit myself to supporting my child's education. _____ (Please Initial)

Student Signature

Date

Parent Signature

Date