



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)

Code and State: T ETS P \ C , P I F E R I P A

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): _____
A - 4.0 (90-100) B - 3.0 (80-89)
C - 2.0 (70-79) D - 1.0 (60-69)

Were you born in the United States? Yes No
(US C P R)

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:

NAME _____ **ADDRESS** _____
(Please check the appropriate line)

Student Lives with:

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

Of People living in your household

Your household income last year

- | | | | | | | | |
|----------------------------|--------------------------------------|-----------------------------------|----|-----------------------------------|---|----|-----------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> \$0 | to | <input type="checkbox"/> \$17,505 | <input type="checkbox"/> \$41,866 | to | <input type="checkbox"/> \$47,955 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> \$17,506 | to | <input type="checkbox"/> \$23,595 | <input type="checkbox"/> \$47,956 | to | <input type="checkbox"/> \$54,045 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> \$23,596 | to | <input type="checkbox"/> \$29,685 | <input type="checkbox"/> \$55,046 | to | <input type="checkbox"/> \$60,135 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> More than 8 | <input type="checkbox"/> \$29,686 | to | <input type="checkbox"/> \$35,775 | <input type="checkbox"/> More than \$60,136 | | |
| <input type="checkbox"/> 5 | | <input type="checkbox"/> \$35,776 | to | <input type="checkbox"/> \$41,865 | | | |

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

- | | |
|--------------------------|---------------------|
| AFDC \$ _____ | Disability \$ _____ |
| Child Support \$ _____ | Other \$ _____ |
| Social Security \$ _____ | |

PHONE _____ **CITY** _____ **STATE** _____ **ZIP** _____