



# The University of Georgia

## Educational Talent Search Middle School Application

### Student's Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
last first middle

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ 19\_\_\_\_ Age: \_\_\_\_\_ Gender: Female\_\_ Male\_\_

Ethnic Origin: African American \_\_\_\_\_ U.S. Citizen: Yes\_\_ No\_\_  
 American Indian/Alaska Native \_\_\_\_\_ Visa Type/Number: \_\_\_\_\_  
 Asian/Pacific Islander \_\_\_\_\_ Free/reduced lunch participant?  
 European American (Caucasian) \_\_\_\_\_ Yes\_\_ No\_\_  
 Hispanic \_\_\_\_\_ Grade Point Average (GPA) \_\_\_\_\_  
 More than one ethnic origin (Specify) \_\_\_\_\_

Address \_\_\_\_\_  
Apt. # City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
(Area Code)

Emergency Contact Person \_\_\_\_\_ Relationship To You \_\_\_\_\_

Emergency Telephone \_\_\_\_\_  
(Area Code)

### Student's Signature

### Parental Information

You Must Complete All Information Below to Have Your Application Processed

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_ Number of family members in home? \_\_\_\_\_  
(Brothers, Sisters, Parent(s), etc.)

(Print) last \_\_\_\_\_ first \_\_\_\_\_ Circle your family's yearly gross income:  
 \$0-12,525 \$12,526 - 16,875  
 \$16,876 - \$21,225 \$21,226 - \$25,575  
 (Print) last \_\_\_\_\_ first \_\_\_\_\_ \$25,576 - \$29,925 \$29,926 - \$34,275  
 \$34,276 - \$38,625 \$38,626 - \$42,975  
 E-mail Address \_\_\_\_\_ \$42,976+

Student lives with: (check one)

Both Parents \_\_\_\_\_  
 One Parent \_\_\_\_\_  
 Parent/Step Parent \_\_\_\_\_  
 Foster Parent \_\_\_\_\_  
 Legal Guardian \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 Other \_\_\_\_\_

Income Breakdown

Social Security Income \$ \_\_\_\_\_  
 AFDC or ADC \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Other Untaxed Income \$ \_\_\_\_\_

Did either Parent GRADUATE from a four year college? Yes\_\_No\_\_ Name of College \_\_\_\_\_

I affirm that the information provided is complete and correct. Any deliberate falsification or omission of data supplied may result in denial of placement or dismissal from the Educational Talent Search Program.

Parent's Signature

**Parental Authorization  
for  
Release of Student's Records  
and  
Permission to Photograph/Video Student**

*Privacy Act*

*In accordance with the Family Educational Rights and Privacy Act, I understand that all information concerning my child and me is confidential and will not be revealed to anyone except Educational Talent Search Program Personnel.*

I, \_\_\_\_\_, Parent/Legal Guardian of \_\_\_\_\_,  
(Please Print) (Please Print)

authorize the Superintendent of Schools or her/his Designee(s) to release all records listed below to the following Agency and its Designee(s):

**University of Georgia  
Educational Talent Search  
425 N. Lumpkin Street Suite 203  
Athens, GA 30602  
(706) 369-6494 (Telephone) or 1-800-299-5704 (Toll Free)  
(706) 369-5925 (Facsimile)**

**Records:**

Attendance Data	Grade Transcripts/Progress Reports
Psychological Education Reports	Special Education Placement Data
Testing Data	

I further authorize the release of all information regarding my child's educational, physical and social adjustments in school, as long as s/he participates in the Educational Talent Search Program.

I also understand that prior to transfer, I may review and have all/any part of these records properly interpreted by making such request of the Principal or appropriate Board of Education Personnel.

**Permission to Photograph/Video Student**

**I agree to allow ETS and its constituents to photograph or digitally record my child for use in publication.**

**9 Yes 9 No**

**Parent(s)/Guardian(s) Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Student Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Middle School Contract**  
**(6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> Grades)**

As a student in University of Georgia's Educational Talent Search (ETS) and as a major objective of ETS is to assist me with successful completion of middle and high school preparation, as recommended by my Program Specialist, I agree to:

1. Attend all scheduled ETS Sessions
2. Follow my Participant Educational Plan (PEP).
3. Give my Educational Program Specialist **all** my Academic Status Reports and Report Cards.
4. Participate fully in tutoring sessions designed to assist me in successfully completing middle school.
5. Participate in career, cultural/educational activities, tours and workshops.
6. Encourage my parent(s) to attend, participate in and support ETS Parents' activities.
7. Inform my program specialist of my upcoming school placement at the end of each academic year.

As parent(s) of an ETS student I/we agree to:

1. Attend, participate in and support Parents' activities designed to assist my/our child with successful completion of middle and high school preparation.

*Note: If a student is to fully gain from the services offered by ETS, it is imperative that s/he attends advisement and academic sessions, such as tutoring, in addition to cultural activities. All services offered by ETS are contingent upon one another. Failure to fulfill contract agreement could result in termination from ETS.*

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Student's Signature

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Date

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Parent's Signature

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Date

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Program Specialist's/Coordinator's Signature

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DATE

