



**FAMILY INFORMATION FORM**

**This information is needed to certify eligibility for the Program**

**ALL INFORMATION ON THIS FORM WILL BE HELD STRICTLY CONFIDENTIAL.**

Mother (Female Guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Highest Grade Completed By Mother:** Middle School \_\_\_\_\_ High School \_\_\_\_\_  
College: 1 2 3 4 Bachelor's Degree \_\_\_\_\_

Father (Male Guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Highest Grade Completed By Father:** Middle School \_\_\_\_\_ High School \_\_\_\_\_  
College: 1 2 3 4 Bachelor's Degree \_\_\_\_\_

**Medical History**

Does your child have a physical impairment, medical condition or disability? Yes No  
If yes, please list: \_\_\_\_\_

Is your child taking any type of medication? Yes No  
If yes, please list: \_\_\_\_\_

Does your child have any allergies? Yes No  
If yes, please list: \_\_\_\_\_

**Income Verification**

**If you do not submit a copy of your completed income tax form (1040, 1040EZ, 1040A), you will need to complete this form which serves as a verification of your family income for last year.**

**Family Income:**

What is your family's \*Taxable Income for last year? \$ \_\_\_\_\_

**PLEASE DO NOT USE YOUR ANNUAL SALARY.**

**\*Taxable Income:** This information is located on your completed tax forms (1040-line 43; 1040A-line 27; 1040EZ-line 6)

Do you receive Public Assistance (AFDC, Food Stamps, Social Security, and Disability)? Yes \_\_\_\_\_ No \_\_\_\_\_  
**Please circle all that apply**

How many people are living in your household? \_\_\_\_\_

**My signature certifies that the above information is correct. I understand that this information is confidential and will only be used for income verification for this program.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**FAYETTEVILLE STATE UNIVERSITY  
EDUCATIONAL TALENT SEARCH  
PROGRAM CONTRACT**

**As a participant in the Educational Talent Search Program (ETS), I agree to the following:**

1. To be present and on time for all workshops, field trips and individual appointments scheduled by the ETS Academic Advisor. I understand if I miss more than two (2) a
2. Academic workshops in (any) one semester during the school year, I take the risk of being dismissed from the ETS Program.
3. To provide the ETS Academic Advisor with a copy of all grade reports at the end of each grading period.
4. To actively participate in all meetings, workshops, and field trips.
5. To encourage my parent(s) and/or guardian(s) to attend the Educational Talent Search Parent's meetings and participate in other ETS activities. Your child may be dismissed from the ETS Program if you do not attend the mandatory parent orientation workshop and an additional workshop.
6. To have a positive attitude and behave in a respectful manner that is neither disruptive nor rude during **all** meetings, workshops, and field trips. I understand that the ETS Program reserves the right to render any disciplinary action deemed necessary for any negative behavior demonstrated during **all** meetings, workshops, and field trips. This action may also include indefinite expulsion from the ETS Program.

**I understand and agree to accept the duties and responsibilities outlined above. I understand that failure to adhere to any of the above mentioned conditions will result in being placed on probation or possible suspension from the Educational Talent Search Program.**

\_\_\_\_\_  
**Student's Signature**

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

\_\_\_\_\_  
**Parent's Signature**

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

FAYETTEVILLE STATE UNIVERSITY  
EDUCATIONAL TALENT SEARCH PROGRAM  
RELEASE FORM

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

NC Wise #: \_\_\_\_\_

The information requested on this form will be utilized to assist us in providing services for your child. To provide the most effective services, we may need to obtain information from several sources, such as high schools, colleges, testing agencies, counselors, admissions and financial aid offices, social workers, etc. **ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.**

SCHOOL RECORDS

As the parent and/or legal guardian of \_\_\_\_\_, I grant Educational Talent Search permission to obtain school and records, transcripts, grade reports, test results, and financial aid transcripts from the secondary school and college my child is attending. I will also permit Educational Talent Search staff to speak with teachers, counselors, and other school administrators at my child's school in order to obtain and exchange information as part of the services my child will receive from the Educational Talent Search Program. I authorize the Educational Talent Search Program to access or release copies of my child's academic transcripts, test scores, college admissions enrollment, and financial aid information that are necessary to assist my son/daughter in achieving his/her educational goals.

WAIVER OF LIABILITY

As parent and legal guardian of the above-mentioned student, I authorize and permit my child to participate in field trips, activities, and events offered by the Educational Talent Search Program. I understand that my child may be leaving his/her school campus or Fayetteville State University and may be transported by the Educational Talent Search staff of Fayetteville State University. I agree that Fayetteville State University, Educational Talent Search, and anyone associated with Fayetteville State University will not be held liable for any loss, injury, or death related to any field trips, or events. Further, I agree to hold Fayetteville State University, Educational Talent Search, Advisory Committee members, officers, staff, and volunteers, harmless from any claims whatsoever occasioned in any of the situations that I have agreed, that Educational Talent Search at Fayetteville State University shall not be held liable.

In the event that my child, \_\_\_\_\_ is involved in a medical emergency, I authorize the Educational Talent Search staff to make decisions regarding immediate medical attention (hospitalization, administration of prescribed medications, doctor treatment, etc.) if they are unable to contact me for verbal authorization.

Insurance Name and Number: \_\_\_\_\_

Medicaid Card: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

MEDIA RELEASE

Periodically, students participating in the Educational Talent Search Program events may be photographed, filmed, or interviewed. As the parent and/or legal guardian of \_\_\_\_\_, I grant permission for my child to participate in photographs, films, or interviews as they pertain to the Educational Talent Search Program and I understand that such pictures, film, or interviews may be used to promote or publicize the Educational Talent Search events or demonstrate how federal funds are being used to assist students.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature

FAYETTEVILLE STATE UNIVERSITY  
EDUCATIONAL TALENT SEARCH PROGRAM  
RELEASE FORM

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

NC Wise #: \_\_\_\_\_

The information requested on this form will be utilized to assist us in providing services for your child. To provide the most effective services, we may need to obtain information from several sources such as your child's school of enrollment, testing agencies, counselors, social workers, etc. **ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.**

SCHOOL RECORDS

As the parent and/or legal guardian of \_\_\_\_\_, I grant Educational Talent Search permission to obtain school records, progress reports, and test results from the secondary school my child is attending. I will also permit Educational Talent Search staff to speak with teachers, counselors, and other school administrators at my child's school in order to obtain and exchange information as part of the services my child will receive from the Educational Talent Search Program. I authorize the Educational Talent Search Program to access or release copies of my child's progress reports and/or test scores that are necessary to assist my son/daughter in achieving his/her educational goals.

WAIVER OF LIABILITY

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\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature

**FAYETTEVILLE STATE UNIVERSITY  
EDUCATIONAL TALENT SEARCH PROGRAM**

**PERSONAL STATEMENT:** In the space provided below, discuss a short term goal, a long term goal, and how improving and/or maintaining good grades is important to achieving your goals. (You may use the reverse side for additional space)

Signature: \_\_\_\_\_

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