



Fayetteville State University
1200 Murchison Road
Fayetteville, North Carolina 28301
(910) 672-1686 * Fax (910) 672-1854 * ets@uncfsu.edu

Student Information

| | |
|---|--------------------|
| Name of Student: (First) (Middle) (Last) | Student ID: |
| | |

| | | | | | |
|---|--|--|--|---|--|
| Address: | | City/State: | | Zip Code: | |
| Primary Phone: () | | Secondary Phone: () | | Date of Birth: | |
| Email Address: | | | | Twitter Name: | |
| Facebook Name: | | | Current School: | | |
| T-Shirt Size: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> | | | Current Grade Level: 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> | | |
| What is your Gender? <input type="checkbox"/> Female <input type="checkbox"/> Male | | What is the Primary language spoken in the home? | | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: | |
| Are you a: <input type="checkbox"/> U.S. Citizen or <input type="checkbox"/> Permanent Resident or <input type="checkbox"/> Other | | Alien Number: | | | |
| Ethnic Background: <input type="checkbox"/> Black/ African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other | | | | Expected High School Graduation: (example:12/2015): | |

| Needs Assessment | Yes | No |
|---|---|--------------------------|
| 1. I need to get better grades in school. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I need to develop stronger study skills and habits. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I need tutoring <input type="checkbox"/> science <input type="checkbox"/> math <input type="checkbox"/> English <input type="checkbox"/> history <input type="checkbox"/> Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I need to learn how to set goals and make better decisions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I need to understand how the courses I am taking relate to my career plans. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I need to better understand my interests, abilities and other traits. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I need to know how to prepare for High School. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I need to learn about the correct academic classes that I should be taking in preparation for college. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I plan to attend college after High School. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I need to learn more about college admissions requirements. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I need assistance with financial aid and researching scholarships. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. My parent(s) currently serve in the military/have served in the military. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I need to visit college campuses to explore my options. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I need to get involved in positive activities, extra-curricular activities and or clubs or organizations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I have thought about dropping out of school. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I receive free/reduce lunch. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I am currently sharing housing due to economic hardship or loss of housing, awaiting Foster Care placement, living in a Foster home, residing in a Group home or an emergency/transitional shelter. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I am currently enrolled in college courses while in High School (Dual enrollment). | <input type="checkbox"/> | <input type="checkbox"/> |
| I am currently a participant of the following: | <input type="checkbox"/> Upward Bound Math & Science <input type="checkbox"/> Upward Bound <input type="checkbox"/> Find-A-Friend <input type="checkbox"/> Talent Search <input type="checkbox"/> I don't know <input type="checkbox"/> 21 st Century Community Learning Centers <input type="checkbox"/> Boys & Girls Club <input type="checkbox"/> Educational Opportunity Center | |

Student's Signature: _____

Date: _____

Fayetteville State University Family Information Form

This information is needed to certify eligibility for the Talent Search/21st Century Community Learning Centers Programs. All information collected will be held strictly confidential.

Mother Information:

| | | | | | | | |
|--------------------------------|--------------------------|--------------------------|---------------|--------------------|--------------------------|--------------------------|---------------|
| Mother (Female Guardian) Name: | | | | | | | |
| Address | | | | Home Phone: () | | | |
| Cell Phone: () | | Work Phone: () | | Facebook: | | | |
| Email Address: | | | | Twitter: | | | |
| | Yes | No | Explanations: | | Yes | No | Explanations: |
| Bachelor's Degree: | <input type="checkbox"/> | <input type="checkbox"/> | | Other: | <input type="checkbox"/> | <input type="checkbox"/> | |

Father Information

| | | | | | | | |
|--|--------------------------|--------------------------|---------------|--------------------|--------------------------|--------------------------|--------------------|
| Father (Male Guardian) Name: | | | | | | | |
| Address: | | | | Home Phone: () | | | |
| Cell Phone: () | | Work Phone: () | | Facebook: | | | |
| Email Address: | | | | Twitter: | | | |
| | Yes | No | Explanations: | | Yes | No | Explanations: |
| Bachelor's Degree: | <input type="checkbox"/> | <input type="checkbox"/> | | Other: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medical History | | | | | Yes | No | If yes, then list: |
| Does your child have a physical impairment, medical condition or disability? | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is your child taking any type of medication? | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does your child have any allergies? | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Income Verification

If you DO NOT submit a copy of your completed income tax form (1040, 1040EZ, 1040A), you will need to complete the information below, which serves as a verification of your family income for last year.

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

Family Income:

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

DO NOT USE YOUR ADJUSTED GROSS INCOME.

\$

How many people are living in your household?

Do you receive Public Assistance? AFDC Food Stamps Social Security Disability None

Parent/Guardian Signature:

Date:

Fayetteville State University

Talent Search/21st Century Community Learning Centers Program

Release Form

| | |
|-----------------|---------------------------|
| Student's Name: | |
| Current School: | Student School ID Number: |

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 (FERPA).**

School Records

As the parent and/or legal guardian of _____, I grant Talent Search/21st Century Community Learning Centers Programs permission to obtain school records, transcripts, standardized test scores (EOC/EOG/SAT/PSAT/ACT/PLAN) grade reports, test results, and financial aid transcripts from the secondary school and college my child is attending until he/she graduates from college or for 6 years after he/she graduates from high school, according to the terms of the federal Talent Search grant. I will also permit Talent Search/21st Century Community Learning Centers 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 Talent Search/21st Century Community Learning Centers Programs. I authorize the Programs 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 Talent Search/21st Century Community Learning Centers Programs. I understand that my child may be leaving his/her school campus or Fayetteville State University and may be transported by the Talent Search/21st CCLC staff of Fayetteville State University. I agree that Fayetteville State University, Talent Search, 21st Century Community Learning Centers Program, Cumberland, Hoke and Robeson Counties 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, Talent Search, 21st Century Community Learning Centers Program, Advisory Committee members, officers, staff, and volunteers, the Cumberland, Hoke and Robeson County School systems harmless from any claims whatsoever occasioned in any of the situations that I have agreed, that Talent Search/21st Century Community Learning Centers Program at Fayetteville State University shall not be held liable.

In the event that my child, _____ is involved in a medical emergency, I authorize the Talent Search/21st Century Community Learning Centers Program 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 Number: _____

Emergency Contacts:

| | |
|--------------------------|--------------------------|
| Name: | Name: |
| Address: | Address: |
| Phone Number: | Phone Number: |
| Relationship to Student: | Relationship to Student: |

Media Release

Periodically, students participating in the Programs 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 Talent Search/21st Century Community Learning Centers Programs and I understand that such pictures, film, or interviews may be used to promote or publicize the program events or demonstrate how federal funds are being used to assist students.

Student Signature:

Date:

Parent/Guardian Signature:

Date: