

EDUCATIONAL TALENT SEARCH @ LOS ANGELES SOUTHWEST COLLEGE Student Services Building, Rm. 208, 1600 W. IMPERIAL HWY., Los Angeles, CA 90047 • **Office (323) 242-5523 • Fax: (323) 242-5524**
 Return **completed** application to the **ETS office** or **school counselor** (Complete in **Blue or Black Ink Only**)

STUDENT INFORMATION

 Last Name First Name Middle
 Street Address Apt# City Zip Code
Social Security: ____ - ____ - ____ **Gender** Male Female Other: _____ Date of Birth ____/____/____
Cell : (____) _____ **Portal: Username:** _____ **Password:** _____
Ethnicity:* African- American (Black) Asian Caucasian Hispanic (Latino) Native American Pacific Islander
 Other _____ **Citizenship Status:** US Citizen or **Permanent Resident** or in the process **Registration #:** _____
Email _____ **Foster Care** Yes No **Veteran** Yes No

EDUCATIONAL BACKGROUND ***REQUIRED INFORMATION**

I attend:* Animo Legacy Bret Harte MS Duke Ellington Washington HS Other _____
 Grade: _____ **Senior Class of:** 20_____ If yes, where _____
***Do you participate in any of the following programs:**
 Educational Talent Search Upward Bound AVID ARC
 All Stars YMCA Al Wooten Jr. College Summit
Do you wish to attend college, after High school? Yes No

PARENT OR GUARDIAN INFORMATION ***REQUIRED INFORMATION**

 Print name Relationship to student Home
 _____ (____) _____
 Relationship to student Home
 _____ (____) _____
 Work Cell Work Cell
 Email address: _____ Email Address: _____
 DO YOU HAVE A **FOUR-YEAR COLLEGE DEGREE?*** Yes No DO YOU HAVE A **FOUR-YEAR COLLEGE DEGREE?*** Yes No

HOUSEHOLD INFORMATION ***NEEDS ANALYSIS**

Size of family? _____ (# living in household) **I/My (son/daughter) needs assistance with:**
What is your TAXABLE income for last year? \$ _____
 College Preparation SAT Scholarships Disabled Services ACT
 HS Re entry Academic Counseling Rigorous Courses Honors
 Homework Assistance **Mentoring** **Foster Care Information**
 College Campus Tours Cultural Trips English Learning Other
Income Circle One: Social Security Unemployed Disability No Income Welfare Other: _____

Student Signature: _____ **Parent Signature:** _____ **Date:** _____

I certify the information provided above is correct to the best of my knowledge.

-----**For Office Use Only**-----
Eligibility: LI/FG LI FG OTHER Application Complete Academic Advisor: _____

Cohort Year: _____ **Program Director:** _____ **Comment:** _____

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PARTICIPANT & LIABILITY WAIVER	*REQUIRED INFORMATION	PHOTO RELEASE WAIVER
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STUDENT'S FULL NAME _____	DATE OF BIRTH _____	STUDENT SIGNATURE _____
PARENT/GUARDIAN FULL NAME _____	PARENTAL CONSENT (SIGNATURE) _____	Date _____

I certify by signing that I am agreeing to all the information enclosed on this form below and above.

As the student, parent and/or legal guardian of student listed above, I/we authorize and agree to participate in any and all academic year and summer component activities (classes, tutorials, advisement sessions, workshops, field trips, work study internships, meetings, cultural trips, advisory board, student club, parent meetings, community service, volunteer and more) sponsored and/or conducted by the Educational Talent Search (ETS) program at Los Angeles Southwest College (LASC).

Photography – Release - Minor Child

I/we also give permission to LASC and ETS at LASC the right to photograph me or my child at events and for emergency purposes. I hereby authorize LASC/ETS, through its employees, representatives, to take video and still photographs and use my likeness or that of the child in LASC and/or LACCD publications including but not limited to class schedules, handbooks, brochures, flyers, websites, advertisements and any promotional materials on an unlimited basis. I acknowledge that I am not entitled to any form of payment for the photograph/video or for any future publications of the photograph. I also agree to waive any and all future claims, causes of actions and/or use of my likeness or that of the child. My signature on this document acknowledges that I have read and understand the provisions and agree to abide by the terms. I am at least 18 years of age or a legally emancipated minor. In addition, I/we provide permission to transport between his/her school, the college campus and the scheduled events for participants.

I/we do hereby grant permission to the ETS program at LASC and its authorized representatives, to furnish first aid as I or my child may require. As well as to seek medical attention through the nearest medical facilities when students are on field trips, on campus or other authorized activities. This permission is conditional upon the understanding that in the event of serious illness or the need for hospitalization and/or major surgery, ETS staff members will use all reasonable efforts to contact (a parent/guardian) me. Failure in such efforts should not prevent ETS from providing emergency assistance to my child.

STUDENT SCHOOL RECORDS RELEASE AUTHORIZATION

I/we authorize Educational Talent Search at Los Angeles Southwest College to obtain documents in reference to and consistent with my (son/daughter) educational career. Such documents may include: national clearinghouse, school transcript, test scores, exams, class schedule and school lunch program eligibility.

I/we authorize ETS to obtain documents related to my (student) college, financial aid, or an (son/daughter) application related to my educational career or receipt of student financial aid (federal, state, or other) and college admissions. I/we understand the information on this document will be used to monitor my (child's) academic performance, assist in providing academic advisement. Determine program eligibility and help with their college planning.

I am aware of the Family Educational Rights and Privacy Act (FERPA) e 20 USC 1232g, is the federal law providing the review and disclosure of student educational records. The (ETS) TRIO programs at LASC will not permit access to or release of personally identifiable information contained in the students educational records to any party without the written consent of the student (guardian) except as authorized (FERPA) to share on students behalf for academic success.