

EDUCATIONAL TALENT SEARCH @ LOS ANGELES SOUTHWEST COLLEGE

1600 W. IMPERIAL HWY., Los Angeles, CA 90047 • (323)242-5523 • Fax: (323) 242-5524

Return completed applications to ETS staff or school counselor (Complete in Blue or Black Ink Only)

PARTICIPANT & LIABILITY WAIVER

***REQUIRED INFORMATION**

PHOTO RELEASE WAIVER

STUDENT'S FULL NAME	DATE OF BIRTH	STUDENT SIGNATURE
PARENT/GUARDIAN FULL NAME	PARENTAL CONSENT (SIGNATURE)	

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.

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

Parent/Guardian: _____ **Student:** _____

Date: _____

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STUDENT INFORMATION ***REQUIRED INFORMATION**

Last Name First Name Middle
Street Address* _____ Apt# _____ City* _____ Zip Code* _____

Social Security* # _____ - _____ - _____ Date of Birth* ____/____/____ Email _____

Home* (____) _____ Cell (____) _____ Alt (____) _____

Gender* Male Female Do you have any learning disabilities? Yes _____ (IEP...) No Unknown

Ethnicity* African- American (Black) Asian Caucasian Hispanic (Latino) Native American Pacific Islander
 Other **Citizenship Status*** US Permanent Resident or in the process permanent Registration #: _____

EDUCATIONAL BACKGROUND ***REQUIRED INFORMATION**

I attend:* ***Do you participate in any of the following programs:**

Animo Phillis Wheatly MS Animo Western MS Educational Talent Search Upward Bound AVID ARC

Duke Ellington All Stars YMCA Woodcraft Rangers Al Wooten Jr. College Summit

Washington HS Other _____ **Do you wish to attend college, after High school?** Yes No

Grade: _____ Class of: _____ If yes, where _____

PARENT OR GUARDIAN INFORMATION ***REQUIRED INFORMATION**

Print name 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 SATI II ACT HS Re entry
 Academic Counseling Rigorous Courses Honors English Learning
 Homework Assistance Educational Resources Foster Care Information
 College Campus Tours Cultural Trip Other _____

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.