

PARENT/GUARDIAN INFORMATION-ELIGIBILITY

To comply with U.S. Department of Education regulations, the following is required for program eligibility.

All information is completely confidential.

STUDENT'S NAME: _____ STUDENT'S SSN (REQUIRED): _____ - _____ - _____

STUDENT'S DATE OF BIRTH: _____ STUDENT'S GENDER: Male _____ Female _____

ADDRESS: _____

STREET/PO BOX

CITY

STATE

ZIP

HOME/CELL PH: _____ SCHOOL: _____ GRADE: _____

NAME OF PARENT(S)/GUARDIANS THAT STUDENT RESIDES WITH: _____

RELATIONSHIP: Birth Parent(s) _____ Step Parent(s) _____ Foster Parent(s) _____ Grandparent(s) _____ Other _____

PARENT(S)/GUADIAN(S) EMAIL ADDRESS: _____

STUDENT'S ETHNIC BACKGROUND (check all that apply): American Indian Or Alaskan Native _____ Asian _____ White _____ Black Or African American _____ Hispanic or Latino _____ Native Hawaiian Or Other Pacific Islander _____

STUDENT IS A U.S. CITIZEN? Yes _____ No _____ IF NO, WHAT IS RESIDENCY STATUS? _____

Did either of the student's parents **graduate** from a 4 year college? Yes _____ No _____

Total number of people in household: _____

Please select ONE income verification source that best applies to you:

_____ Taxable income for the most recent year: \$

This information can be found on:

Line 43 on IRS Form 1040

Line 6 on IRS Form 1040EZ

Line 27 on IRS Form 1040A

OR _____ Social Security Income Statement*

OR _____ Unemployment Income Statement*

OR _____ Retirement Income Statement*

OR _____ TANF (family) Case Number: _____

*ETS Program Supervisor may contact you to request a copy of this statement

1. I give my permission to the school my child attends to provide ETS with transcripts and other academic information that may assist ETS advisors in providing relevant services.
2. I certify that all income and tax information provided is accurate and I understand that this information will be held in strictest confidence.
3. I give my permission to the ETS program to use my student's name and/or photo in a positive manner to promote the ETS program and the services it provides.
4. I give my permission to the ETS program to track my student's academic progress through a baccalaureate degree using the National Student Clearinghouse.

Date

Student Signature, **only if 18 or older**

Signature of Parent/Guardian