



Educational Talent Search

Florida International University

Pre-Collegiate Programs

3000 NE 151 St

Biscayne Bay Campus, Wolfe University Center 257

North Miami, FL 33181

Phone: (305) 919-4223 - Fax: (305) 919-4224

Website: ETS.FIU.EDU Email: FIUETS@FIU.EDU





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STUDENT INFORMATION					
Last Name		First Name		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone _____			Cell Phone _____		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	____-____-____	Birthdate	____/____/____
Ethnic Background	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (Please Specify) _____				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, Provide your Resident Alien # _____	
School _____		School ID# _____		Grade _____	GPA _____
Student E-mail Address: _____			Parent E-mail Address: _____		
ELIGIBILITY CRITERIA - All information must be complete to be eligible for ETS services.					
Funding is provided by the US Department of Education and requires specific documentation for enrollment into the TRIO Educational Talent Search Program. The information is protected by the Family Rights and Privacy Act. The information is used to determine if the student is eligible to participate in the ETS program.					
First Generation Status (Parents' or Guardians' educational level)					
Father has a 4-year college degree (BA/BS) <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Grade Completed _____					
Mother has a 4-year college degree (BA/BS) <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Grade Completed _____					
Income Status					
If your family is using any of the following programs, please check					
<input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Federal Free Lunch Program					
Ward of Court _____					
Taxable Income (check one- see 1040 tax form, line 43 or 1040A tax form, line 27, or 1040EZ, line 6)					
<input type="checkbox"/> \$0-\$17,655		<input type="checkbox"/> \$30,136-\$36,375		<input type="checkbox"/> \$48,856-\$55,095	
<input type="checkbox"/> \$17,656-\$23,895		<input type="checkbox"/> \$36,776-\$42,615		<input type="checkbox"/> \$55,096-\$61,335	
<input type="checkbox"/> \$23,896-\$30,135		<input type="checkbox"/> \$42,616- \$48,855		<input type="checkbox"/> \$61,336 or above	
Family members living in household _____					
I certify that the information given here is true and correct. I give my consent for my child to attend field trips, cultural events and workshops. I relieve Educational Talent Search at Florida International University of any responsibility for accidents, illnesses, or injuries including death that may result from participation. I release the released parties from all claims, damages, actions, or causes of actions which may occur due to any decisions made with respect to the medical care or treatment of my child. I authorize the use of my child's photo in ETS publication, newsletters, and websites. I authorize counselors or schools to release my child's transcript information regarding educational progress, any financial aid award, and enrollment status to ETS.					
_____ Parent/Guardian Signature			_____ (Date)		

**NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION, USE, OR RELEASE FOR THE FLORIDA
INTERNATIONAL UNIVERSITY DIVISION OF RESEARCH**

In accordance with Florida Statutes, Section 119.071(5)(a)(2), this notification serves to inform you of the purpose for the collection, use, or release of your Social Security Number (SSN) by the Florida International University (FIU) Division of Research.

The table below lists the purpose for the FIU Division of Research’s collection, use, or release of SSNs and the statutory authority for such collection, use, or release:

PURPOSE	STATUTORY AUTHORITY
To be in compliance with the federal regulations governing Talent Search which require that we collect appropriate identifying data on the participants in order to track their progress through secondary and post-secondary education.	Fla. Stat. Sec. 119.071(5); 26 U.S.C. Sec. 6109

The collection, use, or release of your Social Security Number for the above purposes is imperative for the performance of the FIU Division of Research’s duties and required by law.

Please note that this notification only lists the purpose for the collection, use, or release of your SSN by the FIU Division of Research. You may receive separate notifications from other divisions, departments, or units within FIU regarding the collection, use, or release of your SSN by FIU.

By signing this document, you acknowledge the receipt of the above statement.

Name: _____

Signature: _____

Date: _____



Miami-Dade County Public Schools

Permission for Release of Records and/or Information From Records

Student's Name: _____ DOB: _____

Records to be released: [Please check appropriate item(s)].

- | | | |
|---|---|--|
| <input type="checkbox"/> Psychological Report | <input checked="" type="checkbox"/> Test Scores | <input checked="" type="checkbox"/> Attendance Information |
| <input checked="" type="checkbox"/> Grades | <input type="checkbox"/> Health/Medical Records | <input checked="" type="checkbox"/> Other (Specify)
<u>ESOL/IEP if applicable</u> |

The record(s) indicated above is/are to be released to:

Agency Educational Talent Search Contact Person Jose Filpo

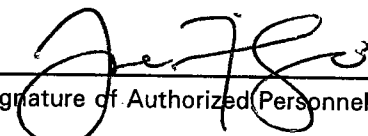
Address 3000 NE 151st Street WUC 257 Miami, FL 33181

The purpose for this release is: Accurate data collection for Talents Search Students, academic counseling and tutoring

I hereby grant permission for the release of the above record(s) and this release is to be in effect until 12/31/2017 (Date).

Signature of Parent or Eligible Student (Date)

Educational Talent Search/ FIU
School/Agency Releasing/Requesting Records



Signature of Authorized Personnel

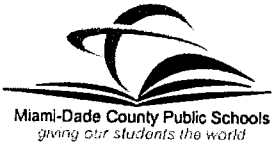
Associate Director
Title

2/19/13
(Date)

Miami-Dade County Public Schools is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U.S.C. §1232 g. Therefore, all documents contained in a student's educational records, except those specifically waived, are accessible to the parents or eligible student.

Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or eligible student.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL



MIAMI-DADE COUNTY PUBLIC SCHOOLS

CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

Date _____

Student's Name _____

Date of Birth _____ ID# _____

I hereby authorize the mutual exchange of records pertaining to my child or myself, _____, between the MIAMI-DADE COUNTY PUBLIC SCHOOLS and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child):

Name

Address

<u>EDUCATIONAL TALENT SEARCH</u>	<u>3000 NE 151st Street, WUC 257, Miami FL 33181</u>
_____	_____
_____	_____
_____	_____

- The specific records to be disclosed pertain to: GRADES, TEST SCORES, ATTENDANCE, BEHAVIOR
- The purpose for making these records available is: ACCURATE RECORD KEEPING FOR STUDENTS IN FIU'S EDUCATIONAL TALENT SEARCH PROGRAM, ACADEMIC COUNSELING AND TUTORING
- **The receiving party will not disclose the information to any other party without signed consent.**

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release.

_____	_____
Name (print)	Signature
_____	_____
Address	City, State Zip Code

Please return this form to: _____

