

Please provide STUDENT INFORMATION below:

Student First Name _____ **Student Last Name** _____ **School** _____

Grade _____ **Gender** _____ **Date of Birth** ___/___/___ **Social Security** ___-___-____

Address _____
House # Street name Apt# City State Zip

Student Email Address _____ **Student Cell Phone** _____

Is the **student** a U.S. citizen? YES NO If **No**, is the student a permanent resident? YES NO

Students Race (circle all that apply)

Multi-Racial	Black/African American	Asian
Pacific Islander	Latino/Hispanic	Other _____
Native American/Alaskan	White/Caucasian	

What language would you prefer mailings to be in? _____

Please provide PARENT/GUARDIAN INFORMATION below: (Only those that live with the student)

Parent #1

Name: _____ Gender: _____ Relation to Student: _____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Highest level of education this parent/guardian has obtained from the United States? (CIRCLE ONE)

Less than High School Diploma	High School Diploma/GED	2 YR College Degree/Certificate
4 YR College Degree	Master Degree or Higher	Some College/No Degree

Parent #2

Name: _____ Gender: _____ Relation to Student: _____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Highest level of education this parent/guardian has obtained from the United States? (CIRCLE ONE)

Less than High School Diploma	High School Diploma/GED	2 YR College Degree/Certificate
4 YR College Degree	Master Degree or Higher	Some College/No Degree

FAMILY INCOME FROM WAGES

Family's 2011 Taxes: (Use **taxable income** from Line 27 of Form 1040A, Line 6 of Form 1040EZ, or Line 43 of Form 1040)

Please check one:

under \$16,755 \$16,756-\$22,695 \$22,696-\$28,635 \$28,636-\$34,575
 \$34,576-\$40,515 \$40,516-\$46,455 \$46,456-\$52,395 \$52,396-\$58,335 \$58,336+

*If you know your **family's 2011 gross income**, please write it here: \$ _____

Number of exemptions claimed in 2011 (Use the number from Box 6d of Form 1040A or Form 1040 for the 2011 tax year)

Please check one: 1 2 3 4 5 6 7 8 more than 8

Family Income other than wages (check all that apply):

Free/Lunch Social Security Income (SSI) Food Stamps
 Veteran's Compensation Public Assistance [MFIP (Minnesota Family Investment Program), WIC, etc.]

ADDITIONAL INFORMATION

Please list any additional information/special circumstances about your student that would help us in providing services.

AUTHORIZATION TO PROVIDE SERVICES

I authorize TRiO Educational Talent Search at Normandale Community College to provide services to my student. This authorization includes giving TRiO ETS access to and receive copies of my student's school schedule, transcripts, test scores, and any other materials necessary for participation in the TRiO ETS program.

Please initial the following statement.

_____ **I authorize TRiO ETS to take, print, and reproduce pictures taken of my student during TRiO ETS events and activities. These pictures may be used in but not limited to TRiO ETS newsletter, website, and promotional materials.**

Parent/Guardian Signature

Date

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Normandale ETS Contact Information: Director- Claudia Perez (952) 358-9006
www.normandale.edu/ets

Office use only:

LI: Yes _____ No _____ Don't Know _____ FG: Yes _____ No _____ Don't Know _____
Initials _____ DB: _____ Date: _____