

STUDENT INFORMATION

(Please make additional copies of pages as needed)

Last Name:		First Name:	
Mailing Address:			
City/State/Zip:			
Home Phone Number:		Cell Phone Number:	
Email Address:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Ethnicity (Select One):	<input type="checkbox"/> Central American <input type="checkbox"/> Cuban American <input type="checkbox"/> Mexican American <input type="checkbox"/> Native American <input type="checkbox"/> South American <input type="checkbox"/> White/Anglo American <input type="checkbox"/> Asian American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> African American Other _____		
Special Accessibility Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vegetarian:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I like the following subjects:	<input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Other subjects: _____		
My Grade Point Average:	<input type="checkbox"/> 95-100 (A+) <input type="checkbox"/> 95-100 (A) <input type="checkbox"/> 85-89 (B+/B-) <input type="checkbox"/> 80-84 (B) <input type="checkbox"/> 75-79 (C+/B-) <input type="checkbox"/> 75-79 (C) <input type="checkbox"/> 65-69 (D+/C+) <input type="checkbox"/> 60-64 (D) and below		
Are you planning to attend College?			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a brother or sister in College.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a brother or sister who graduated from college.			<input type="checkbox"/> Yes <input type="checkbox"/> No



EMERGENCY CONTACT AND MEDICAL FORM

Name of Minor Participant: _____ **Date of Birth:** _____

Name of Parent or Legal Guardian: _____

Address: _____
Street Address City State Zip

Home phone: _____ **Business Phone:** _____ **Cell Phone:** _____

Emergency Contacts/Authorized Pick-Ups: (required)

Please list other possible individuals who may be contacted in case of emergency if you are not available, and whether or not they are authorized to pick up the minor. Please note, any person not listed below WILL NOT be permitted to pick up the minor without written permission from a parent or legal guardian.

Name	Phone	Pick-Up?	Relationship to Minor
1.		YES / NO	
2.		YES / NO	
3.		YES / NO	

Medical Conditions/Allergies: (required)

If the minor has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.) including medications currently taken. Use reverse side if necessary.

Medical Condition(s):	Medication/Dosage:	With Minor?
		YES / NO
		YES / NO
		YES / NO
Allergies:	Describe reaction:	Severity?
		LOW/MED/HIGH
		LOW/MED/HIGH

Primary Care Physician's Name: _____ **Phone:** _____

Health Insurance Company Name: _____ **Policy Number:** _____



EMERGENCY CONTACT AND MEDICAL FORM

I verify that all the information provided is correct and complete. I realize that participation involves an inherent potential risk. In the event of an emergency, I authorize SER Jobs for Progress National, Inc., and Tarrant County College and its agents or representatives to arrangement as reasonably necessary to ensure my child's welfare. In the event of an emergency, permission is granted to SER Jobs for Progress National, Inc., and Tarrant County College to authorize emergency transportation, emergency medical care and/or treatments and hospital care for the minor. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature of Parent/Legal Guardian Print Parent/Legal Guardian Name Date



PHOTOGRAPH RELEASE AND CONSENT FORM

I, the signed below, do hereby give SER Jobs for Progress National, Inc. and Tarrant County College the irrevocable right to use photographs of me, and or my property, my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or modified representations, for advertising, trade or any other lawful purposes, without further compensation to me, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. All negatives, positives, and digital files, together with the prints shall constitute SER National and Tarrant County College’s property, solely and completely. I am of full age. I have read this release and am fully familiar with its contents.

Name of Student	
Age	
School	
Grade	
_____	_____
Participant’s Name (printed)	Participant’s Signature
_____	_____
Email Address	Phone Number

Parent/Guardian Signature

Parent/Guardian Name (printed)

Relationship to Student

Date

**Please note: When photographs or quotes are used in SER Jobs for Progress National Inc., and Tarrant CountyCollege’s publications, a copy of the publication is sent to the school.*