



**Middle Georgia Center for Academic Excellence**  
**Educational Talent Search/Upward Bound**  
**Division of Family and Children Services (Afterschool Care)**  
**623 Arlington Place Macon, Georgia**  
**Phone (478) 745-1675 Fax (478) 745-3359**



Educational Talent Search TRIO is a **free** program designed to assist, prepare and encourage middle and high school students with academic potential in the pursuit of studying beyond the high school level with the exploration of college and career opportunities. The M.G.C.A.E. Inc. along with the Division of Family and Children Services are partnering to provide valuable and exciting out-of-school programs for youth in GA. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. Please provide all information in all sections of this application for application to be complete and processed. The parent/guardian's signature verifies that income, benefits and all other information reported on this application is true and accurate.

**STUDENT INFORMATION PLEASE PRINT CLEARLY**

Full Name \_\_\_\_\_  
 Last First Middle Initial Suffix (Jr, Sr, III)

Mailing Address: \_\_\_\_\_  
 P.O. Box or Street Apt Number if applicable City State Zip Code

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S. # \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone \_\_\_\_\_  
 Home Cell

Email: \_\_\_\_\_

Is student a United States Citizen?  Yes  No If No, in what country was student born? \_\_\_\_\_

Is student a GA resident?  Yes  No

Gender:  MALE  FEMALE

Ethnic Background (check all that apply):

- African American / Black  Caucasian / White  Hispanic / Latino  Asian  Other (specify) \_\_\_\_\_  
 Middle Eastern  Hawaiian / Pacific Islander  American Indian / Alaskan Native

Is the student an ESOL student?  YES  NO

Is the student a special needs student?  YES  NO If yes please specify: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Current Grade: 6 7 8 9 10 11 12  Re-entry

**PARENT/GUARDIAN INFORMATION THAT STUDENT LIVES WITH**

Name Mother  Father  Guardian  Other  \_\_\_\_\_ Did this parent **graduate** from a 4 yr. college?  No  Yes

Telephone \_\_\_\_\_ If Yes what is the name of the college or university?  
 Home  Cell  Work  Home  Cell  Work

Name Mother  Father  Guardian  Other  \_\_\_\_\_ Did this parent **graduate** from a 4 yr. college?  No  Yes

Telephone \_\_\_\_\_ If Yes what is the name of the college or university?  
 Home  Cell  Work  Home  Cell  Work

Please check the box that indicates your household taxable income as reported on your most recent tax return.

How many people are in the household, including parent(s): \_\_\_\_\_  
 Is student eligible to receive free lunch at school?  No  Yes

Did parents file taxes last year?  No  Yes  
 How many EXEMPTIONS were claimed on taxes? \_\_\_\_\_

**Please initial indicating that income information is correct**

- \$ 00.00 - \$18,090  \$43,171 - \$49,440  \$68,251 - \$74,520  
 \$24,361 - \$30,360  \$49,441 - \$55,710  \$74,521 - \$80,790  
 \$30,361 - \$36,900  \$55,711 - \$61,980  \$80,791 - 93,330  
 \$36,901 - \$43,170  \$61,981 - \$68,250  \$93,331 up

Documentation letter for the benefits received may be requested for verification purposes

Non Taxable Income	Amount	Non Taxable Income	Amount
TANF	\$	SNAP	\$
Social Security	\$	Medicaid/SSI	\$
Child Support	\$	Peach Care for Kids	\$



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As the parent/guardian of (child's name) \_\_\_\_\_, I grant the M.G.C.A.E. and Division of Family and Children Services permission to access and obtain school records, transcripts, grade reports, test results and any financial information and to speak with teachers, counselors and other school administrators in order to obtain and exchange information as part of the services provided by the M.G.C.A.E. program.

I authorize and permit my child to participate in field trips, activities and events sponsored and conducted by the M.G.C.A.E. and Division of Family and Children Services program. I understand that M.G.C.A.E. may be providing transportation and that my child will be leaving his/her school campus or M.G.C.A.E. grounds with its staff. I agree that M.G.C.A.E., Division of Family Services and anyone associated with M.G.C.A.E. and Division of Family and Children Services will NOT be held liable for any loss, injury, or death related to any field trip, activity or events in which my child is authorized to participate. Furthermore, I agree to hold M.G.C.A.E, its Board of Directors, officers, staff, volunteers and Division of Family and Children Services harmless of any claims occasioned in any of the situation to which I have agreed that M.G.C.A.E. shall not be liable.

I grant M.G.C.A.E. and Division of Family and Children Services permission and the right to take photographs of my child in connection with M.G.C.A.E. and Division of Family and Children Services, and I authorize its assigns and transferees to copyright, use and publish the same in print or electronically and use such images with or without my child's name for any lawful purpose such as publicity, illustration, advertising and web content.

I grant permission for my child to access network computer services such as the internet, WWW and electronic email associated with M.G.C.A.E. and Division of Family and Children Services.

In the event that my child is involved in a medically necessary event, I authorize M.G.C.A.E. and Division of Family and Children Services to make decisions regarding the immediate medical care (hospitalization, administration of medication, physician treatment, medical transport, etc.) if I am not available or unable to authorize verbal permission.

Student's Medical History: Please list any allergies, medications and any physical or other impairments of which a physician or medical staff should be alerted:

Allergies:  No  Yes \_\_\_\_\_ Medications:  No  Yes \_\_\_\_\_

Is the student covered by medical insurance?  No  Yes Policy Number \_\_\_\_\_

Name of person insured: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Student's Name Printed: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

My signature declares that the income and all information given on this application is true and accurate.

**\*Parent's Signature:** \_\_\_\_\_ **REQUIRED for application to be complete**

FOR M.G.C.A.E/Division of Family and Children Services Personnel Use Only

Eligibility: LI/FG  LI Only  FG Only  O

The Middle Georgia Center for Academic Excellence, Inc. is an Equal Education Institution and complies with Section 504 of the Rehabilitation Act of 1973 Information on this application has been reviewed, verified and confirmed and meets the DFCS Afterschool Care Program Eligibility rules and guidelines indicated within this and the form will be kept in the student's file in a confidential and secured location.

Pre-College Advisor \_\_\_\_\_ Entry Date \_\_\_\_\_ Program Staff \_\_\_\_\_ Date \_\_\_\_\_