
ADMISSIONS PACKET CHECKLIST

Student's Name: _____ High School _____ Grade _____

Please return these items prior to scheduled interview

- Admission Application
- Family Information
- Emergency Contact Information Form
- Statement of Income Verification
- Tax Return from Previous Year (signed) if applicable
- Medical/Insurance Form/Card
- Consent for Release of Academic Records Form
- Picture/Activity/Participant Release Form
- Program Contract
- Report Card/Transcripts

Upon completion please send to Academic Advisor, Ms. Jessica Garcia at

jessica.garcia7@hccs.edu

If you have any questions please contact 713-718-7523 or 713-718-7004

FAMILY INFORMATION FORM

This section must be completed by the parent/guardian

Mother or Female Guardian

1. Relationship to the Student: _____
2. First Name _____ Last Name: _____ MI _____
3. Address:

Street City State Zip Code
4. Phone #: _____ Email address _____

I certify that the information listed above is accurate and true

Signature of Mother/Guardian

Date

Father or Male Guardian

1. Relationship to the Student: _____
2. First Name _____ Last Name: _____ MI _____
3. Address:

Street City State Zip Code
4. Phone #: _____ Email address _____

I certify that the information listed above is accurate and true

Signature of Father/Guardian

Date

EMERGENCY CONTACT INFORMATION

Please give the name, address and phone number of someone (a friend or relative) who does not live with you but can be contacted in the event of an emergency.

Name _____

Last

First

Middle

Mailing
Address _____

(Number/Street/Apt/Box#)

City

State

Zip Code

Home phone _____ Alternate /Cell _____

Relationship of this person to you _____

STATEMENT OF INCOME VERIFICATION

PARENT/GUARDIAN

SECTION I – (THIS INFORMATION MUST MATCH IRS TAX FORM)

I, _____, the parent or guardian of _____
do hereby state that my *taxable income* (located on IRS form 1040) is \$ _____, for _____
tax period and the total number of dependents claimed in my household is _____.

SECTION II – (COMPLETE ONLY IF YOU DO NOT FILE FEDERAL TAXES)

I, _____, parent/guardian of _____
declare that no federal income tax return was filed for _____ tax period.

I certify that all of the above information is correct and complete to the best of my knowledge.

Parent/Guardian Signature

Social Security Number
(PARENT)

Date

CONSENT FOR RELEASE OF ACADEMIC RECORDS

I, _____, hereby give permission to the Houston Community College-Southeast Upward Bound Program to obtain any/all of my academic records including school transcripts, test scores, records, and teacher evaluations. This includes future college transcripts, admission applications, class schedules and financial aid documents (e.g., FAFSA, Student Aid Reports, Scholarship Award Letters, etc.).

I understand that these records are confidential and will only be used internally for program participation selection and evaluation. I also understand that compiled records on a group basis may include any/all of these records. Compiled information will be used to meet U. S. Department of Education regulations and program evaluation.

None of my identified, individual records will be released to any person, corporation, organization or present or future employer without further written consent.

Student's Signature

Date

Student's School ID #

Date of Birth

Parent(s)/Guardian(s) Signature

Date

RELEASE FORM

PICTURE/MEDIA RELEASE

I hereby give permission for my picture/my child's picture to be taken and/or footage of me/my child in connection with the activities of the Houston Community College-Southeast Upward Bound Program and its agencies for use in newspapers, on television, in magazine articles, in brochures, in the yearbook, and other presentations in the program.

_____	_____
Student Signature	Date
_____	_____
Parent/Guardian Signature	Date

ACTIVITY RELEASE

I hereby give permission for my child, _____
First and Last Name

To participate in all Upward Bound activities, trips, and events. In addition, I hereby release the Upward Bound Program from any responsibility for any criminal act of malice, vandalism, theft, and any other unlawful behavior during trips sponsored by the program.

_____	_____
Parent/Guardian Signature	Date

PARTICIPANT'S RELEASE

I hereby release and hold harmless Houston Community College and the Upward Bound Program from any and all claims and liabilities of any type whatsoever that may occur during the program's activities.

_____	_____
Printed Name of Parent/Guardian	Name of Student
_____	_____
Parent/Guardian Signature	Date

STUDENT PROGRAM CONTRACT

I, _____, agree that upon acceptance I will:

- Strive to continuously improve my grades through good attendance, punctuality, class participation, homework completion and all other requirements.
- Follow instructions and complete documentation while participating in activities and approved trips. Complete all required assessments/assignments.
- Abide by all rules and policies of Upward Bound.
- Attend Saturday sessions and other activities sponsored by Upward Bound.
- Attend tutoring sessions. This is **strongly encouraged** if a student receives less than a C in a class.
- Attend the summer program. This is mandatory unless the student is required to attend summer school.
- Make every effort to pass all high school coursework and strive to continually improve high school academic performance.
- Cooperate with faculty, staff, and other Upward Bound participants.
- Maintain active participation throughout until high school graduation.
- Enter a college, university, or vocational/technical program upon completion of high school and the Upward Bound Program.
- Provide follow-up information to Upward Bound regarding success in obtaining a post-secondary degree, certification, or other credential.

I agree to the terms stated in the aforementioned guidelines and I understand that failure to comply with any of these conditions may affect receipt of a stipend and may result in termination from the Upward Bound Program.

Student Signature

Date

I have read the aforementioned guidelines and I understand that failure to comply with any of these conditions may result in my child's termination from the program.

Parent Signature

Date