HIGH SCHOOL EQUIVALENCY PROGRAM
CENTER FOR MIGRANT EDUCATION
UNIVERSITY OF SOUTH FLORIDA

PERSONAL INFORMATION ***MUST BE COMPLETED IN INK***

NAME: _____ STUDENT CELL: (___)_____
LAST **FIRST** **MIDDLE**

DATE OF BIRTH: _____ AGE: _____ SEX (M/F): _____ PARENT CELL: (____) _____

MAILING ADDRESS: _____
STREET/P.O. BOX CITY STATE ZIP

EMAIL ADDRESS: _____ REFERRED BY: _____

NAME OF PARENT OR GUARDIAN (SPECIFY): _____

TYPE OF IDENTIFICATION: _____ USF U#:_____

FAMILY SIZE: _____ FAMILY ANNUAL INCOME: $_____ BETA RBE: _____

LAST SCHOOL ATTENDED: _____ DATE OF WITHDRAWAL: _____

LOCATION OF SCHOOL: _____ LAST GRADE COMPLETED: _____

Have you ever taken a GED examination? YES _____ NO _____ If yes, attach a copy of your scores.

PARENTAL CONSENT, MEDICAL RELEASE AND PHOTO/VISUAL RELEASE

My child has permission to attend HEP at the University of South Florida. I authorize the HEP director and his/her delegated to assume authority for the emergency medical care and treatment of my child. I give permission for my child to receive counseling services. Also, I hereby grant and authorize USF's Center for Migrant Education the right to take, edit, alter, copy, exhibit, distribute and make use of any and all pictures or video taken of me to be used and/ or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisement, press kits, websites, social networking sites and other print and digital communications, without payment or any other considerations.

Mi hijo/hija tiene permiso para asistir a la escuela de HEP en la Universidad del Sur de la Florida. Autorizo al director de HEP y a su personal a tomar las decisiones necesarias en caso de emergencia médica. Doy permiso a mi hijo/hija para recibir servicios de consejería. Por medio de la presente también, certifico que el Center for Migrant Education de USF tiene mi autorización para tomar, editar, alterar, copiar, exhibir, publicar, distribuir y hacer uso de cualquier fotografía o video en donde yo aparezca. También autorizo su uso en materiales promocionales legales incluidos revistas, folletos, afiches, publicidad, avisos de prensa, páginas web, sitios de redes sociales y otros medios de comunicación impresos y digitales, sin esperar ninguna recompensa ni otras consideraciones.

_____ _____
SIGNATURE OF APPLICANT DATE

_____
SIGNATURE OF PARENT/GUARDIAN --- FIRMA DE PADRE, MADRE O TUTOR

EMERGENCY PHONE NUMBERS*: Relative:* _____ ***WORK:***_____

HEP has a no car policy. Su auto no es permitido en la universidad.