

UT OUTREACH

RIO GRANDE VALLEY

DDCE UT Outreach Rio Grande Valley
McAllen Nikki Rowe High School
P.O. Box 5876
McAllen, Texas 78502
(956) 618-7337
Facebook.com/UT Outreach Rio Grande Valley

STUDENT APPLICATION

(Please print Legibly in Black or Blue Ink Only)

UT EID# _____ Student ID #: _____ AY: 20____ - 20_____

School: _____ Grade: _____

Name: _____
 LAST FIRST MIDDLE

Mailing Address: _____

 CITY STATE ZIP

Home Phone: _____ Cell#: _____

Student Email: _____

Parent Email: _____

Date of Birth: Month____/Day____/Year____ Gender: Female Male

Ethnicity: African-American Hispanic/Latino
 Asian-American Caucasian Other: _____

Citizenship: U.S. Citizen Permanent Resident
 Other

.....
Required to participate in the UT Outreach program

I am/will be enrolled in : Recommended High School Program
 Distinguished Achievement Program

.....
If you have participated in a specific pre-college program, please place a check mark on the appropriate line.

___ GEAR UP	___ TRIO- Upward Bound
___ College Forward	___ ChemBridge
___ SPURS	___ UT Outreach Summer Enrichment Academy
___ Math Masters	___ Other _____

Lunch Status:

Free

Reduced

Full Price

Family Data:

Indicate the total number of immediate family members in your household _____

Total number of immediate family members in your household with the following level of education:

_____ High School Graduates

_____ Attended College

_____ Bachelor Degree

_____ Professional Degree

_____ GED

_____ 2 Year Degree/Certificate

_____ Master Degree

_____ Doctoral Degree

Family Information:

Does your father live at home? Yes No

Does your mother live at home? Yes No

_____	_____	_____	_____
Parent(1)/Guardian Name	Occupation	Highest Grade Completed	Relationship

_____	_____	_____	_____
Parent(1)/Guardian Address	Home Phone #	Work Phone #	Primary Language

_____	_____	_____	_____
Parent(2)/Guardian Name	Occupation	Highest Grade Completed	Relationship

_____	_____	_____	_____
Parent(2)/Guardian Address	Home Phone #	Work Phone #	Primary Language

In case of an emergency, contact:

_____	_____	_____
Name	Phone #	Relationship to you

Parent/Guardian Consent:

I, _____ authorize the school district to release records to UT Outreach Staff. I permit UT Outreach staff to have access to my daughter's/son's academic records (report cards, school transcripts, test scores, etc.). The above records will be used for evaluation purposes, participation in field trips or events, etc. In addition, I will make every effort to attend each Parent Meeting of the program and consent for my child to participate in the UT Outreach program.

Parent/Guardian Signature

Date



Student Participation Agreement

I, _____, must meet the following conditions in exchange for
(Print Name of Student)
UT Outreach services:

1. Currently have a 3.2 grade point average and maintain an 80 in overall coursework in grades 9-12;
2. Pursue the Recommended or Distinguished/Advanced High School Program. Enroll in at least one core subject that serves as an advanced measure;
3. Attend UT Outreach meetings and functions;
4. Take the ACT or SAT prior to my senior year.
5. Successful completion of Algebra 1 by 8th grade is preferred.

I understand if I do not meet these conditions, I may forfeit my membership in UT Outreach.

Student Signature

Date

Parental Support Agreement

I, _____, the parent/guardian of _____,
(Print Name of Parent) (Print Name of Student)
agree to support the UT Outreach by promising to:

1. Attend 1 parent meeting and/or one parent workshop per academic year;
2. Allow my son/daughter to attend college visits and field trips, weekend and evening workshops, etc.;
3. Provide or arrange transportation for my son/daughter.

I understand if I do not meet these conditions, I may forfeit my membership in UT Outreach.

Parent Signature

Date

Acuerdo De Participación Estudiantil

Yo, _____, cumpliré con las siguientes condiciones
(Nombre de estudiante)
para así poder recibir los servicios brindados por el programa *UT Outreach*:

1. Actualmente tener un promedio de 3.2 y mantener por lo menos un 80 en todas mis materias durante los grados 9-12;
2. Estar inscrito en el *Distinguished o Advanced High School Program* y tomar por lo menos una asignatura trocal que sea de medida avanzada (Pre-AP, AP o Dual/ Concurrent Enrollement).
3. Atender las juntas y funciones del *UT Outreach*;
4. Tomaré el examen de *ACT* o *SAT* antes del grado 12;
5. Se prefiere completar la clase de Algebra I por grado octavo.

Entiendo que si no cumplo con las condiciones mencionadas, yo podría perder el derecho de ser miembro en el programa de *UT Outreach*.

Firma Del Estudiante

Fecha

Acuerdo De Apoyo Paternal

Yo, _____, el padre o madre de _____,
(Nombre de padre o madre) (Nombre de estudiante)

Acuerdo a apoyar su participación en el program de *UT Outreach* haciendo lo siguiente:

1. Atender por lo menos una (1) junta y/o un program de padres cada año académico;
2. Permitir a mi hijo/a atender visitas colegiales o viajes estudiantilias, programas en el fin de semana o por la tarde, etc.
3. Proporcionar el transporte necesario para que mi hijo/a pueda asistir a programas de *UT Outreach*;

Entiendo que si no cumplo con estas condiciones, mi hijo/a podría perder su membrecía en el programa de *UT Outreach*.

**CONSENT, WAIVER OF LIABILITY AND RELEASE FOR
INTERVIEW, PHOTOGRAPHING, VIDEOTAPING AND/OR
WEBSITE USE**

I consent to interview(s), photography, videotaping and its/their release, publication, exhibition, or reproduction to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on Web sites, fundraising, or any other purpose by The UT Outreach Centers and The University of Texas at Austin (hereafter UT) and/or its affiliates. I release UT, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publication of said interviews, photographs, slides, computer images, videotapes, or sound recordings.

I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publication irrespective of whether a fee for admission or film rental is charged. I also waive any right to inspect or approve any photo, video, or film taken by UT or the person or entity designated it by it. I release and discharge UT and their affiliate(s) from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the pictures, or in any processing toward the completion of the finished product. All negatives and positives, whether prints, video, film, or sound recording are the property of UT or the person or entity designated by it, solely and completely.

I have fully informed myself of this consent, waiver of liability, and release before signing it.

Signature of Parent/Guardian

Signature of Student/Participant

Printed Name of Parent/Guardian

Printed Name of Student/Participant

Address of Parent/Guardian

Date

**CONSENTIMIENTO, AUTORIZACIÓN, Y RENUNCIA A TODO DERECHO
LEGAL EN LA TOMA DE FOTOGRAFÍAS, VIDEO GRABACIÓN,
Y/O SU USO EN LA PÁGINA DE INTERNET**

Doy mi consentimiento para la distribución, publicación, exhibición, y reproducción de entrevistas, fotografías, y video grabaciones; y para que éstas sean usadas en relaciones públicas, en artículos informativos y televisivos, en la educación pública, publicidad, para investigación educacional, y en páginas de Internet; incluyendo para recaudación de fondos y cualquier otro propósito por los programas *UT Outreach Centers* y por la Universidad de Texas en Austin (de ahora y adelante nombrado *UT*) y/o sus afiliados. Libero a *UT*, sus oficiales y empleados, de cualquier responsabilidad legal, al igual que a todas las personas involucradas y en conexión con las platicas, grabaciones, y publicaciones de dichas entrevistas, fotografías, presentaciones e imágenes computarizadas, video grabaciones y audio.

Renuncio a todo derecho en la participación de dividendos por ingresos monetarios en relación con la exhibición, producciones televisivas o cualquier otro medio de publicación de dichos materiales. Sin importar el propósito o productores de dichas exhibiciones o producciones; también, sin importar la existencia de ingresos monetarios producidos por la admisión a/o renta de dichas filmaciones. Renuncio cualquier derecho de inspeccionar y aprobar cualquier pieza fotográfica, grabación, o filmación tomada por *UT*, y personas o entidades designadas por *UT*. Renuncio y libero *UT* y a sus afiliados de cualquier responsabilidad legal en virtud de cualquier distorsión, alteración, o ilusión óptica, intencional o no, que pudiera ocurrir o producirse en la toma de fotografías, o en el proceso y producción del producto final. Todas las impresiones negativos, grabaciones, filmaciones y audio, son completamente propiedad de *UT*, y personas o entidades designadas por *UT*.

Yo me he informado completamente de este consentimiento, la renuncia de la obligación, y de la liberación antes de firmarlo.

Firma Del Padre/Guardián

Firma Del Estudiante/Participante

Imprima El Nombre Del Padre/Guardián

Imprima El Nombre Del Estudiante/ Participante

Domicilio Del Padre/Guardián

Fecha

Application Check List

(for office use only)

DATE RECEIVED _____

APPLICATION PROCESS:

_____ Complete _____ Incomplete

_____ Returned to Student _____ Returned to UT Outreach _____ Follow-Up

.....

_____ Acceptance Letter _____ Denial Letter

_____ Student Roster (added) _____ Student Roster (deleted) _____ Updated (Lori's Roster)

_____ Citrix Data Entry Initials _____ Entry Date

_____ New Student Folders _____ Withdrawal Student Folder

STUDENT STATUS FORM:

_____ Student Withdrawal _____ Student Transferred (Campus/Graduate)

_____ Student File Update Cards _____ Student Matriculation

.....

COMMENTS: _____
