

# GEAR UP

For College  
 Southeast Missouri State University  
 One University Plaza, MS 2200  
 Cape Girardeau, MO 63701  
 (573) 651-5171 - FAX (573) 651-5181



<b>Gear Up For College</b>		
Office Use Only		
Student SSN: _____		
Grade: _____		
FG _____	I _____	IEP _____
DATE: _____		
COMMENTS: _____		
_____		
_____		

## STUDENT INFORMATION FORM 20\_\_ - 20\_\_ ACADEMIC YEAR

**PLEASE PRINT OR TYPE**

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

EMERGENCY CONTACT & RELATION TO STUDENT: \_\_\_\_\_ EMERGENCY PHONE & EXTENSION: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE LEVEL (CIRCLE ONE): [ 6 7 8 9 10 11 12 ] GENDER: | \_\_\_\_ MALE | \_\_\_\_ FEMALE | STUDENT PROGRAM STATUS (CHECK ONE): | \_\_\_\_ NEW TO GEAR UP FOR COLLEGE | \_\_\_\_ RETURNING STUDENT

SCHOOL (CHECK ONE):  
 \_\_\_\_ CARUTHERSVILLE HIGH SCHOOL  
 \_\_\_\_ CARUTHERSVILLE MIDDLE SCHOOL  
 \_\_\_\_ HAYTI HIGH SCHOOL  
 \_\_\_\_ HAYTI MIDDLE SCHOOL  
 \_\_\_\_ HAYTI ELEMENTARY SCHOOL

ETHNICITY (CHECK ONE):  
 AFRICAN AMERICAN     ASIAN AMERICAN     NATIVE AMERICAN  
 HISPANIC/LATINO     MULTI-RACIAL (Describe) \_\_\_\_\_  
 WHITE/CAUCASIAN     OTHER (Describe) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ NAME OF PERSON STUDENT LIVES WITH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ FATHER'S OCCUPATION / EMPLOYER: \_\_\_\_\_ FATHER'S WORK PHONE & EXT. \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S OCCUPATION / EMPLOYER: \_\_\_\_\_ MOTHER'S WORK PHONE & EXT. \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ GUARDIAN'S OCCUPATION / EMPLOYER: \_\_\_\_\_ GUARDIAN'S WORK PHONE & EXT. \_\_\_\_\_

STUDENT LIVES WITH (CIRCLE ONE):  
 BOTH PARENTS     MOTHER     FATHER     AUNT/UNCLE     SISTER/BROTHER     OTHER \_\_\_\_\_  
 GUARDIAN     GRANDPARENT

NUMBER OF SISTERS: \_\_\_\_\_ AGE: \_\_\_\_\_ NUMBER OF BROTHERS: \_\_\_\_\_ AGE: \_\_\_\_\_ HOUSEHOLD SIZE: \_\_\_\_\_

MEDICAL PROBLEMS/ALLERGIES/ASTHMA (PLEASE PRINT):  
 \_\_\_\_\_  
 \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHYSICIAN'S NUMBER: \_\_\_\_\_

LIST ALL MEDICAITONS YOUR CHILD IS TAKING (PLEASE PRINT):

[Empty box for listing medications]

PREFERRED HOSPITAL OR CLINIC NAME , ADDRESS AND PHONE NUMBER:

[Empty box for preferred hospital/clinic information]

INSURANCE COMPANY & POLICY NUMBER:

[Empty box for insurance information]

DOES YOUR CHILD KNOW HOW TO SWIM? (CIRCLE ONE)

YES OR NO

IS YOUR CHILD A MEMBER IN OTHER YOUTH PROGRAMS? IF YES, WHICH ONES?

[Empty box for other youth programs]

LIST YOUR CHILD'S HOBBIES:

[Empty box for child's hobbies]

THE FOLLOWING INFORMATION IS NECESSARY FOR OUR RECORDS AND FOR SERVICES YOUR CHILD MAY RECEIVE FROM GEAR UP FOR COLLEGE. THE ANSWERS YOU PROVIDE ARE COMPLETELY CONFIDENTIAL. YOUR COOPERATION IN PROVIDING THIS INFORMATION IS BOTH APPRECIATED AND NECESSARY.

STUDENT SOCIAL SECURITY NUMBER

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

FAMILY SETTING (CIRCLE ONE):

1- PARENT 2 - PARENT OTHER

CIRCLE ALL PROGRAMS WHICH APPLY:

- Checkboxes for TANF, SSDI, SSI, DAY CARE VOUCHER, FOOD STAMPS, GENERAL ASSISTANCE, SCHOOL LUNCH PROGRAM, VETERANS COMPENSATION

ANNUAL HOUSEHOLD INCOME (CHECK ONE):

- Checkboxes for income ranges: \$9,000 OR BELOW, \$9,001 - \$12,000, \$12,001 - \$15,000, \$15,001 - \$19,000, \$19,001 - \$23,000, \$23,001 - \$28,000, \$28,001 - \$ 32,700, \$32,701 - \$37,500, \$37,501 - \$42,000, \$42,001 OR ABOVE

PLEASE CHECK ALL AREAS THAT APPLY TO YOU OR YOUR FAMILY:

- Checkboxes for student and parent characteristics: 1st generation college, held back grades, wants mentor, some college, attends special needs classes, HS student will mentor, college graduate, has mentor, parent will volunteer

I HAVE READ THE COMPLETED APPLICATION, AND I GIVE MY CONSENT FOR PHOTOGRAPHS, IN WHICH MY SON/DAUGHTER MAY APPEAR, TO BE USED IN ANY WAY THE PROGRAM MAY CARE TO USE THEM. I UNDERSTAND THAT GEAR UP FOR COLLEGE WILL NOT SHARE ANY CONFIDENTIAL INFORMAION WITH PERSONS AND/OR AGENCIES, AND THE INFORMATION IS FOR GENERAL STATISTICAL PURPOSES ONLY.

PARENT OR GUARDIAN SIGNATURE

STUDENT SIGNATURE

DATE: MONTH DAY YEAR

PLEASE RETURN TO: GEAR UP FOR COLLEGE OFFICE OF PRE-COLLEGIATE PROGRAMS SOUTHEAST MISSOURI STATE UNIVERSITY ONE UNIVERSITY PLAZA, MS 2200 CAPE GIRARDEAU, MO 63701 OR YOUR SCHOOL GUIDANCE COUNSELOR