

# Attention: ETS Juniors

# Practice ACT Workshop

**Saturday, February 27, 2016**

How will you score? Don’t wait for the test day to find out! **Take a real, free ACT Practice** **Test\*.** Find out how you’ll score before the test day. This is a great chance for you to practice under a simulated testing environment. UB/ETS staff will proctor testing. Results will be received within 1 week giving you plenty of time to make needed improvements before the **April** ACT.

***Students interested in attending must submit the application by February 10, 2016.***

* Meet other TRIO participants: This testing opportunity is open to juniors in Central College Upward Bound and Educational Talent Search programs.
* Overcome test anxiety by practicing.
* Know what to expect on the ACT.
* Practice to improve your “real” score!

**\*\*\*Tentative Transportation Information\*\*\***

**Finalized transportation schedule will be sent the week of February 21.**

**Bus: Pick Up Drop Off**

**Oskaloosa and Eddyville HS**

*(Students will be picked up at the Walmart parking lot)* **7:30 am 2:30 pm**

**East High School: 7:00 am 3:00 pm**

**Lincoln HS: 7:00 am 3:00 pm**

**North HS: 7:00 am 3:00 pm**

**Saydel HS: 7:00 am 3:00 pm**

**Arrive at Central College: 8:00 am**

**Testing: 8:00-11:30 am**

**Pizza and Bowling: 12:00-2:00 pm**

**Depart for Home: 2:00 pm**

**Transportation will vary depending on the number of students interested in attending the event.**

**Applications are due, Wednesday February 10, 2016.**

***Questions: Contact the ETS office at 1.800.527.4047***

Permission for Educational Talent Search Personnel To Seek Medical/Dental Services

I hereby give my consent for Educational Talent Search (ETS) personnel to select and secure medical/dental services, as ETS personnel deem prudent and necessary for the health and safety of my student while he/she is a participant in an ETS event. Medical services may include but are not restricted to outpatient treatment, emergency hospitalization, anesthesia, surgery, injections, and/or prescription drugs.

I understand that insurance contracted by ETS will cover the cost of treating my son/daughter for illnesses and accidents (**up to** **$1000**) occurring while engaged in program activities to the extent covered by the ETS insurance policy.

I understand that illnesses or accidents that are the result of a pre-existing condition or self-inflicted injury are excluded from ETS insurance coverage. In the case of an illness or accident that is the result of a pre-existing condition or self-inflicted injury, I will assume full responsibility for cost of treatment of my student.

I ask that billing and necessary diagnostic information/medical records related to medical/dental services provided to my child at the request of ETS personnel be released to/directed to the attention of:

Louise Esveld, Pre-College Programs Director

Central College

812 University

Pella, IA 50219

or to the insurance company contracted by ETS to provide medical/dental coverage for program participants.

I understand that if ETS or the insurance provider deems the illness or accident to be the result of a pre-existing condition or self-inflicted injury, the bill will be promptly forwarded to me for payment or submission to my insurance carrier.

This release shall be in full force and effect throughout the event period of Saturday, February 27, 2016

## Expectations for Participants

You are expected to behave appropriately as a representative of Educational Talent Search and the State of Iowa. When visiting sites, you will be respectful of others and of public property, as well as the rules and regulations of each site. You will be expected to stay with the group at all times, unless directed otherwise. In general, you will follow the directions of your adult chaperones.

**Parent/Guardian Permission**

Parent/Guardian,

Please sign below to indicate you are aware your student is applying to attend the Educational Talent Search sponsored practice ACT test, Saturday, February 27, 2016; you have read and agree to the medical and dental services statement; and understand the insurance agreement*.* We will provide additional information and a specific itinerary once the event roster has been finalized.

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**Student Contract**

I agree to meet the expectations for the ETS field trip. I understand that I will be given more detailed information at a later date. All information provided on this application is true and accurate.

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Student Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**2015-2016 EDUCATIONAL TALENT SEARCH ACTIVITY EMERGENCY CARD**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the address above new? Yes No

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Relationship Phone #

Medication: No\_\_\_ Yes\_\_\_ Please list names and dosages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Condition: No\_\_\_ Yes\_\_\_ Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applications**

**due**

**February 10, 2016**