

**Educational Talent Search**  
**TOUR INTEREST SURVEY**

Please complete and return form to:  
 Educational Talent Search  
 Hampton University, P.O. Box 6183  
 Hampton, Virginia 23668

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Complete Address:  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Which tour are you interested in attending? \_\_\_\_\_

**ALL TEACHERS MUST COMPLETE THIS SECTION.**

Please list the following information on the above student.

CLASS NAME	CURRENT GRADE	BEHAVIOR CONCERNS	TEACHER SIGNATURE

**YOUR SCHOOL GUIDANCE COUNSELOR IS TO COMPLETE THIS SECTION:**

The above student has requested to attend a college tour or similar event through ETS. Please respond to the following so that we may make a decision that best suits the needs of the student. Thank you.

Student is in good academic standing:  Yes  No

Student is in good behavioral standing:  Yes  No

Current cumulative GPA: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature Title Date

**Hampton University  
Educational Talent Search  
Permission Slip and Medical Consent**

I, \_\_\_\_\_, grant permission for my child  
\_\_\_\_\_ to participate in the ETS tour/trip to  
\_\_\_\_\_, beginning \_\_\_\_\_ and  
ending \_\_\_\_\_.

I understand that my signature permits the representatives of Hampton University's ETS to seek and authorize medical treatment for my child should he or she become ill, suffer an injury, or need any other medical treatment during the course of the trip. I understand that I will be notified of any emergency immediately, and I release Hampton University, ETS, and any representatives of the said organizations from liability should there be any illness, injury, or loss or damage of personal property during the course of the trip. I further understand that in the event that the actions of my child cause any injury, illness, or damage to others or their property that I as the parent or guardian may be liable, as may my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**

*Please note any of the following;*

Food Allergies:  Yes  No

Please list: \_\_\_\_\_

Dietary Restrictions:  Yes  No

Please list: \_\_\_\_\_

Other Allergies:  Yes  No

Please list: \_\_\_\_\_

Medical Conditions:  Yes  No

Please list: \_\_\_\_\_

Medications:  Yes  No

Please list: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS**

*Please PRINT clearly.*

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Name: \_\_\_\_\_ Phone: \_\_\_\_\_