



**Student Application Form 2023 - 2028**

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_  
 State NY \_\_\_\_\_ ZIP \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_  
 Gender (circle one) Male Female Ethnicity \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

**The following services will be offered to your child, some in middle school and others in high school**

Homework Help/Tutoring       Mentoring       Summer Programs  
 Academic Enrichment (Math)       Counseling       Financial aid Counseling  
 Academic Enrichment (Language Arts)       College Tours       College Application Assistance

**Parent Information: If address is different than the one listed above, please fill in.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_  
 State NY \_\_\_\_\_ ZIP \_\_\_\_\_  
 Primary Language \_\_\_\_\_ Email Address \_\_\_\_\_  
 Emergency Contact Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Please check the topics you would like discussed at parent meetings (2023-2028)**

Job Search       Paying for College Seminars       Resume Writing  
 College Tours       HS Graduation Requirements       Helping Your Child Succeed In School  
 Scholarships       Social Media       The College Application Process

I hereby give permission to my child’s school to release my child’s academic records to NYGEAR UP for the sole purpose of evaluation and determining which service and/or programs will best meet my child’s educational needs. I understand that a medical release will be sent home for any overnight trip and a school permission form will need to be signed for any day trip. I consent to having my child included in any NYGEAR UP photos, newsletters, videotapes, research, and any other NYGEAR UP publication including HESC publications. I also give my son/daughter permission to participate in all the NYGEAR UP activities and programs.

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



New York Higher Education Services Corporation  
 One Commerce Plaza  
 Albany, N.Y. 12255

**PHOTOGRAPHIC/VIDEOTAPE RELEASE**

I grant New York Higher Education Services Corporation (HESC) and its legal representatives, the irrevocable consent and unrestricted right to use, copyright and reproduce any and all recorded images in the form of photographs, video or audio which HESC has taken of me (or my child, in the case of a minor) this day. Any such images may be used by HESC for any purpose whatsoever, or reproduction in any medium, including on the Internet or in a video for the purpose of advertising, display, exhibit and promotion of HESC, without compensation to me. All digital recordings shall become the sole and complete property of the photographer and HESC.

I hereby release HESC and its legal representatives of any claims, liability and demands arising from or in connection with the use of these recorded images.

I warrant that I am of full age. I have the right to contract in my own name (and in the case of a minor that I have the right to contract for that minor) in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Today's Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

If a minor, signature of parent/guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

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