

SUMMER 2019 STEM CAMP APPLICATION

STUDENT FIRST NAME

STUDENT LAST NAME

STUDENT ADDRESS

<input type="text"/>		
City:	State:	Zip Code:

STUDENT PHONE NUMBER

STUDENT AGE

STUDENT GENDER

STUDENT EMAIL

STUDENT HIGH SCHOOL ATTENDING & GRADE

High School Name:
Grade Entering for Fall 2019:

PARENT INFORMATION

Parent Name:		
Parent Email:		
Parent Phone Number:		
Parent Home Address:		
City:	State:	Zip Code:

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:
Emergency Contact Phone Number:
Emergency Contact Relationship with Student:

LIST OF ALLEGIES

--

Please list ALL Biology courses taken in high school. Indicate if the course is Advanced, Honors, G/T, AP, IB, or otherwise advanced level.

--	--	--

Please list ALL Chemistry courses taken in high school. Indicate if the course is Advanced, Honors, G/T, AP, IB, or otherwise advanced level.

--	--	--

Please list ALL Computer Science courses taken in high school.

--	--	--

Please list ALL Mathematics courses taken in high school. Indicate if the course is Advanced, Honors, G/T, AP, IB, or otherwise advanced level.

--	--	--

Please list ALL Physics courses taken in high school. Indicate if the course is Advanced, Honors, G/T, AP, IB, or otherwise advanced level.

--	--	--

Please list ALL Robotics courses taken in high school.

--	--	--

PARENT'S SIGNATURE FOR PARTICIPATION IN THE PROGRAM

DATE

--