



STUDENT APPLICATION

Student Last Name		First Name		Middle Initial	Birth date (Month/Day/Year)	Gender (please check) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address			Apt. #	City/Zip		Home Telephone	
School Now Attending <input type="checkbox"/> Hillview <input type="checkbox"/> Rancho <input type="checkbox"/> MLK		Current Grade <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th		Current Math Teacher		Student ID #	6 th Period Teacher
Student's Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Filipino <input type="checkbox"/> Other				PARENT/GUARDIAN NAME		Daytime Phone (no pagers, please)	
Emergency Contact Name			Emergency Daytime Phone (different from home phone)			Language Student communicates In <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
Medical Insurance Company			Medical Insurance #			Has anyone in your immediate family attended college? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have any special needs?			Summer Math Institute T-Shirt Size (Circle one) Small Medium Large XL		If this student had a brother or sister that <i>completed</i> a previous session of the Summer Math Institute, please print their first and last name		
STUDENT AND PARENT/GUARDIAN AGREE TO THE FOLLOWING:							
<ol style="list-style-type: none"> 1. Student will attend the entire five-week Summer Math Institute session. 2. Student is expected to attend class every day due to the amount of curriculum covered daily. Medical/other appointments should be made after the official school day. 3. Student will obey all the rules of the Summer Math Institute, be cooperative, and try their best. 4. PARENT/GUARDIAN WILL ATTEND THE ORIENTATION MEETING TO BE HELD TUESDAY, May 29, 2018. 5. Parent/Guardian will provide encouragement and a suitable place for student to work on homework. 							
STUDENT: Why do you want to participate in the five-week, intensive Summer Math Institute (3-5 sentences)							
Student Signature _____				Date _____			
PARENT/GUARDIAN: Why are you encouraging participation in the Summer Math Institute?							
Parent/Guardian Signature _____				Date _____			

PARENT/GUARDIAN: Please return completed application by **Wednesday March 28, 2018** to:

Ms. Desiree Leslie, Main Office Secretary at Hillview Junior High, OR

Ms. Christina Holt in main office at Rancho Medanos Junior High OR

Ms. Xochitl Adame-Lopez in main office at Martin Luther King Jr.

**WE WILL NOT ACCEPT INCOMPLETE APPLICATIONS OR WITHOUT THE PARENTS' SIGNATURE
(REMEMBER THE SPACES ARE LIMITED)**