

SEE Math

STUDENT APPLICATION FORM

Note: This form should be completed and returned to your teacher or counselor by **April 21, 2006**.

Please answer each item below and write NONE if appropriate (please print)

Name (Last/First/Middle Initial): _____

Address (Street/City/Zip): _____

Phone: (_____) _____ **Email: (if available)** _____

Name of School and District: _____

Name of Teacher or Counselor: _____

Grade to be started Fall 2006: 6 7 8 **Gender** M F

Have you done SEE-Math before? Yes No **If yes, what year?** _____

Signature of Applicant: _____ **Date:** _____

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Parental Consent: As the (parent/guardian), I certify that my (son/daughter) has my permission to participate in this program. It is my understanding that he/she will be subject to the regulations of Texas A&M University and the *SEE Math* program. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed by competent medical personnel is authorized. In addition, I understand that I will be required to sign a release form for my son/daughter to participate in the program.

**Parent's Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Email: (if available)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*Enrollment fee will be collected after acceptance.\*\*\***

*(Please have teacher/counselor complete the back of this page)*

Applicant's Name: \_\_\_\_\_ Grade to be started Fall 2006: 6 7 8

## *SEE Math*

### TEACHER/COUNSELOR NOMINATION FORM

**Note:** The complete application should be received by **April 28, 2006**.

Name (teacher or counselor): \_\_\_\_\_

Name of School and District: \_\_\_\_\_

Circle one:            **Math Teacher**                      **Science Teacher**                      **Counselor**

**Respond to each of the following questions by circling:**

**(A) Always, (F) Frequently, (S) Sometimes, (O) Occasionally, (N) Never, (U) Unable to Respond**

1. Eager to learn ..... A F S O N U
2. Performs well in math and science ..... A F S O N U
3. Works well with others and contributes in group situations ..... A F S O N U
4. Acts responsibly (compared to others in his/her age group) ..... A F S O N U

**Comments:** Please include any information that you think might be helpful, such as any special qualities or problems that will affect the SEE Math program.

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

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

**E-mail Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Thanks for your help. Upon completion, please return to:

Donna Hoffman  
Department of Mathematics  
Texas A&M University  
3368 TAMU  
College Station, TX 77843-3368  
FAX 979-862-4190