

SEE-Math 2017 Student Application Form

There are continuous applications. First acceptances will be made after April 1, 2017. Later applications may be accepted, if space is available.

After you complete the form, please ask your teacher/counselor to complete the Teacher Recommendation Form at <http://see-math.math.tamu.edu/2017/>. This recommendation must come from someone other than a parent who is acquainted with the student's ability in math and/or science.

An registration fee, \$100, will be collected after acceptance (unless waived). If the fees are not used during SEE-Math, they will be used for outreach activities during the year.

* Required

1. **First Name ***

2. **Last Name ***

3. **Grade to be Started Fall 2017 ***

Mark only one oval.

6th grade

7th grade

8th grade

Other: _____

4. **Street Address ***

5. **City, State, Zip ***

6. **Student Email (if available)**

7. **Student Phone (if available)**

8. **Name of Current School (or Home Schooled) ***

9. School District (or Home School Association or None) *

Check all that apply.

- Bryan ISD
- College Station ISD
- Caldwell ISD
- Hearne ISD
- Navasota ISD
- North Zulch ISD
- Somerville ISD
- Other: _____

10. Name of Teacher or Counselor giving Recommendation *

This recommendation must come from someone other than a parent who is acquainted with the student's ability in math and/or science.

11. Email of Teacher or Counselor giving Recommendation *

12. Phone of Teacher or Counselor giving Recommendation (or their school phone) *

13. Gender *

Mark only one oval.

- Male
- Female
- Prefer not to say
- Other: _____

14. Have you done SEE-Math before? If yes, also enter the year in the Other box. *

Check all that apply.

- Yes
- No
- Other: _____

15. Parent or Guardian's Name *

16. Parent or Guardian's Email (If none, say None.) *

17. Parent or Guardian's Phone(s) *

Format ###-###-#### After each, please indicate (D) (E) (H) (W) (C) to indicate Day, Evening, Home, Work, or Cell

18. Parental Consent *

By checking below, as the (parent/guardian), I certify that my child has my permission to participate in the SEE-Math program. I understand that s/he will be subject to the regulations of Texas A&M University, the Department of Mathematics 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. The Math Department has my permission to post my child's project and his/her photo identified by only first name and last initial on the SEE-Math web site: <http://see-math.math.tamu.edu/> and in promotional materials. The Math Department has my permission to include my child's name and my name, address, phone number and email address on a participant list for SEE-Math to be distributed only to other participants (possibly for car-pooling). I understand that I will be required to sign a release form for my child to participate in the program.

Mark only one oval.

I agree.

I disagree

19. Further Comments

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