

MUW SCIENCE ENRICHMENT PROGRAM
ADMISSION APPLICATION

July 21 - 25, 2008, 8:30-11:30 am

Please print neatly in ink or type your application.

Applicant's name: _____
Last First Middle

Nickname: _____ Date of birth: _____ / _____ / _____
Month Day Year

Mailing address: _____
Number and street, box or route City, State, Zip

Home telephone: _____ E-mail address: _____

Gender Male Female Present grade (school year 2007-08) _____

Race/Ethnicity (*optional*) African American/Black Asian/Pacific Islander
 Caucasian/White Hispanic Native American Other

T-shirt size: _____

C o n t a c t I n f o r m a t i o n

Mother's name: _____
Last First Phone number

Father's name: _____
Last First Phone number

Who is the custodial parent/guardian? Mother Father Both Other (*please specify & give phone number*)

Emergency contact other than those named above.

Name: _____
Last First Relationship Phone number

Application Postmark Deadline: June 2, 2008
Send completed application to:
Dr. Dorothy Kerzel
1100 College St., MUW - 100, Columbus, MS 39701-5800

School Information

School name: _____

Mailing address: _____
Number and street, box or route *City, State, Zip*

Science teacher: _____

Please sign and date your application.

Signature of applicant *Date*

Parental/Guardian Permission Form

My child and I are aware that at least half of the workshop's learning activities may take place out-of-doors and on a boat. There may be discomforts associated with the outdoor activities which include, but are not limited to: inhospitable weather; water hazards; and insects, fish, and animals. Every precaution will be made to make your child safe and comfortable. If there are any medical problems, special diets, or medications we should be aware of, please let us know by attaching a page with the relevant information to this application.

I give permission for my child _____ to attend the

MUW Science Enrichment Workshop July 21-25, 8:30-11:30.

I understand that I am responsible for transportation to and from Plymouth Bluff, with drop off between 8:10 and 8:25 a.m. and pick up at 11:40 a.m. each day.

In case of an emergency, I give permission for my child to receive medical treatment. If there are costs associated with this treatment, it will be my responsibility. In case of such an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date _____

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