

**2018 Summer  
Application  
Grades K – 4<sup>th</sup>**

# GEMS/GISE/STEM

## STEM Academy at Andersen United Community School

June 18<sup>th</sup> – August 2<sup>nd</sup>  
(Week of July 4<sup>th</sup> Off)

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. PLEASE PRINT. Submit this application by May 4<sup>th</sup>, 2018. The summer program is designed for students that are currently enrolled in GEMS/GISE/STEM, however students that are not currently enrolled in a GEMS/GISE/STEM program may apply for non-filled program seats. Students that have completed an application will have an opportunity to be selected through a committee process for the program by participating in criterion-based placement until all seats are filled. Criteria will include grade level, gender, geographic location, free and reduced lunch status, and current enrollment in a GEMS/GISE/STEM program.

Student: Last Name _____		First Name _____		Middle Name or Initial _____	
Date of Birth: Month/Day/Year : / /			Student ID #: _____		
Participated in GEMS <input type="checkbox"/> GISE <input type="checkbox"/> STEM <input type="checkbox"/>			Year of participation _____		
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>					
Address Apt#: _____					
City: _____				State : MN Zip: _____	
Current School: _____				Grade 2017-2018: _____	
Parent/ Guardian: Last Name _____			First Name _____		
Home Telephone: ( ) _____			Work Telephone: ( ) _____		
Email: _____					
Parent/ Guardian: Last Name _____			First Name _____		
Home Telephone: ( ) _____			Work Telephone: ( ) _____		
Email: _____					
Current Academic Support <input type="checkbox"/> Sp. Ed <input type="checkbox"/> Title I <input type="checkbox"/>		After School <input type="checkbox"/> ELL (Home Language) _____ <input type="checkbox"/> GT			
<b>Note: If you plan to move before the Summer Program begins, please contact Transportation at 612-668-2300.</b>					
<input type="checkbox"/> NO SCHOOL BUS TRANSPORTATION REQUIRED (SKIP THIS SECTION)		<input type="checkbox"/> SCHOOL BUS TRANSPORTATION REQUIRED (FILL OUT THIS SECTION)			
Summer Program Transportation Address (if different from home):					
Pick-up _____			Phone _____		
Drop-off _____			Phone _____		
<b>Health Information</b>					
List Disabilities _____					
Health Conditions _____					

Onset Conditions \_\_\_\_\_

Activity Resitrictions \_\_\_\_\_

Special Diet \_\_\_\_\_

Medications Taken, Reason, Dosage & Times \_\_\_\_\_

**Emergency Information**

In case of a serious illness or accident and you cannot be reached:

Emergency Contact 1: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone \_\_\_\_\_

I Authorize Treatment by:  Doctor  Clinic  Hospital

Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

**Student Pledge of Commitment**

I pledge that if admitted into the 2018 GEMS/GISE/STEM Summer Program that I will attend all sessions, work hard with my group, cooperate, and be respectful with all participants and adults in the program and be a worthy ambassador for the program at all public events.

My signature pledges my commitment to the goals of the program.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**Attendance**

Attendance is important. We ask that you do not miss more than three sessions. If you know that you will miss more than three days, it is recommended that you do not complete an application. A student with more than three unexcused (other than medical absences) will be dropped from the program.

**Parent/Guardian Consent**

\_\_\_\_\_ (Student's Name) has my full support and consent to participate in the 2018 GEMS/GISE/STEM Summer Program at Andersen United Community . I have read over the material and pledge my effort to helping my student be successful in the program.

Parent/Guardian Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_