

**2018 Summer
Application
Grades 5th – 7th**

GEMS/GISE/STEM
STEM Academy at Northeast Middle School
June 18th – August 2nd
(Week of July 4th Off)

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. PLEASE PRINT. Submit this application by March 16th, 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 _____ | | Email: _____ | |
| Home Telephone: () _____ | | Work Telephone: () _____ | | | |
| Parent/ Guardian: Last Name _____ | | First Name _____ | | Email: _____ | |
| Home Telephone: () _____ | | Work Telephone: () _____ | | | |
| 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 | | | |
| <p>Note: If you plan to move before the Summer Program begins, please contact Transportation at 612-668-2300.</p> <p><input type="checkbox"/> NO SCHOOL BUS TRANSPORTATION REQUIRED (SKIP THIS SECTION) <input type="checkbox"/> SCHOOL BUS TRANSPORTATION REQUIRED (FILL OUT THIS SECTION)</p> | | | | | |
| Summer Program Transportation Address (if different from home): | | | | | |
| Pick-up _____ | | | Phone _____ | | |
| Drop-off _____ | | | Phone _____ | | |
| Health Information | | | | | |
| 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 Northeast Middle School. I have read over the material and pledge my effort to helping my student be successful in the program.

Parent/Guardian Consent Signature: _____ Date: _____