

Saturday Science Application:

Dear Students and Parents,

As the 2008 Summer Science Academy has come to a close, it is time to make plans for the upcoming Saturday Science Program. Classes will begin on Saturday, September 6th, and will once again take place at Nova High School. The hours of the program are from 8:00 a.m. until 2:30 p.m. Please note that school board bus transportation is not provided to students during the fall only during the summer program.

With the increasing cost of materials and supplies it is necessary to charge a non-refundable activity/consumable supply fee of sixty dollars (\$60) for each semester. Please return the application along with a money order for sixty dollars (\$60) made payable to the School Board of Broward County if you wish to participate in the program. If your child is not accepted into the program your money order will be returned. **Please note: The activity/consumable supply fee of sixty dollars (\$60.00) must accompany the application.**

If you would like your son/daughter to participate in this program, please complete the enclosed application, being sure to:

- fill in the requested information – both sides (name, address, etc.)
- include the parent/guardian signature
- return it to the Academy Programs Office along with a money order payable to The School Board of Broward County **no later than August 25, 2008.**
- please include your son/daughter's name on the money order

I look forward to a fantastic 2008-09 Saturday Science Program.

Sincerely,

Patricia Crawley

Patricia Crawley, Supervisor

Academy Programs

Environmental Education and SECME

Academy Programs
600 SE 3rd Avenue ---13th Floor
Fort Lauderdale, Florida 33301

Student Application for the 2008 - 2009 Saturday Science Academy
Mathematics and Science

**Fee: Non-refundable activity/consumable supply fee of \$60.00 per semester
1st semester fee of \$60.00 must accompany application**

**Money orders only (payable to The School Board of Broward County). No Checks or Cash!!
(If your child is not accepted into the program your money order will be returned). If your child qualifies for free or reduced lunch, please attach the proper documentation.**

Student Name:
Last First Middle (as they appear on report card)
Sex of Student: Male Female Race of Student:
New Student: Returning Student: Date of Birth:

Student's Grade Level for the (08-09) School Year: 8 9 10 11 12 (please circle one)

School student will attend in August 2008:.....

If entering Broward County Schools for the first time you must attach an HRS 680 immunization form (this can be obtained from your doctor or health department)

Gifted/current IEP*: Yes: No: Magnet Program: Yes: No:
***If yes, include IEP to cover the Saturday Program**

Home Phone Number: Emergency Phone Number:

Home Address:
(Number) (Street) (City) (Zip)

Florida Student I.D.#:

E-mail address:

Are there any health problems or other conditions that might hinder or affect the student's full participation in the program? Yes: No:

If yes, please state the problem(s) or condition(s) and other necessary details.

Problem:

Medication:

Treatment:

Emergency Care Required:

(Please use the back of this form if additional space is required)

As a parent or guardian, I acknowledge that the information given concerning the above named student is correct, that I give my permission for the student to fully participate in the Saturday Science Academy, and that I am committed to the student completing the program.

Parent's or Guardian's Name (Please Print):
.....

Parent's or Guardian's signature:Date Form Signed:

Emergency Health Information

Student # (Last) (First) (Middle)

Address (Number) (Street) (City) (Zip)

Father or Guardian Business Name/Address Phone

Mother or Guardian Business Name/Address Phone

Special Health Concerns _____ Hospital Preference _____

If we are unable to contact parents it is important that we have two other references (local friends, relatives) whom you authorize us to contact.

1) Name _____ Phone _____

2) Name _____ Phone _____

Saturday Science Academy
Field Trip Permission and Photo Release Form

I hereby grant permission for my son/daughter, _____ to attend all field trips associated with the Saturday Science Academy. I also assume the responsibility of making sure that my child is on time each day as classes promptly begin at 8:00 a.m. In addition, I will pick my child up no later than 3:00 p.m. **The Academy will not be liable for any students left on campus after 3:00 p.m.**

In addition, I hereby agree that all photographs, video recordings, and audio recordings made of me for purposes of publicity, illustration, advertising, or publication about the Saturday Science Program, may be used by the Academy Programs Office without compensation to me.

Signature of Parent

Print Name

Signature of Student

Print Name

Revised 06/08