



Illinois Mathematics and Science Academy

# Student Enrichment Registration Form

**Program: Survey of Organic Chemistry – Online, January 12 - May 18, 2015**

## Student Information Please Print (one registration form per participant)

Full Name: First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

School name and address \_\_\_\_\_

Gender: M ☐ F ☐ Current Grade \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Background Information: This information is requested so we may report statistical data regarding our participants to the State of Illinois and/or other program funders. Only aggregate data will be shared. Summaries will not contain individual information. Please pick one or more from the list below:

Are you Hispanic? Yes ☐ No ☐

What is your Race? (Select one or more races from the following groups)

☐ American Indian or Alaskan Native

☐ Native Hawaiian or other Pacific Islander

☐ Black or African American

☐ Asian

☐ White

Required Prerequisite: Have you successfully completed one year of high school Chemistry? Yes ☐ No ☐

Please enter the name of your teacher, school, and year the Chemistry course was taken:

Name of Teacher: \_\_\_\_\_ Name of School: \_\_\_\_\_ Year Taken: \_\_\_\_\_

## Parent Information

Parent/Legal Guardian name, with which you live \_\_\_\_\_

Parent/Guardian phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Parent/Guardian e-mail (for registration confirmation & contact) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## RELEASE

My signature indicates that I support my child's full participation in the IMSA program and give permission for my child's photograph to be taken and full name to be used for educational purposes by IMSA. As parent/legal guardian of the above child, I do hereby fully release and discharge the Illinois Mathematics and Science Academy, their officers, employees and agents, from any and all claims and damages which I or my child/ward may have arising out of or from injuries sustained by my child/ward as a result of his/her participation in the IMSA program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Cancellation Policy:* If insufficient students register for the program, IMSA reserves the right to cancel that program. Parents will be notified the Monday after the registration deadline if the program is to be canceled, and a full refund will be provided.

For Payment/Scholarship Application see page 2.

# Payment or Scholarship Application

## PAYMENT:

☐ \$450

Payment is accepted by *check*, *payable to IMSA*, or *credit card* (Visa/MasterCard only)

Type of Credit card:      MasterCard\_\_\_\_\_      Visa\_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card Number \_\_\_\_\_ +3 digit ext. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

## SCHOLARSHIP APPLICATION:

**Scholarship Applicants Only**, please complete the following:

Has the scholarship applicant participated in any gifted/accelerated classes not offered at school? \_\_\_\_ No \_\_\_\_ Yes

If yes, please list classes/programs: \_\_\_\_\_

List any honors received, clubs or other activities the applicant has participated in at school and outside of school:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### TO BE COMPLETED BY YOUR CHILD'S SCHOOL ADMINISTRATOR:

I verify that the student applying for a scholarship named on this application is currently

\_\_\_\_ participating in the free lunch program

\_\_\_\_ participating in the reduced lunch program

\_\_\_\_ does not qualify for either program

(\_\_\_\_) \_\_\_\_\_

School phone #

\_\_\_\_\_  
Name of Administrator

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fax to: 630.907.5880

Mail to:

Statewide Student Initiatives, Illinois Mathematics and Science Academy, 1500 Sullivan Rd, Aurora, IL 60506-1000

***Deadline: January 2, 2015***