

VISIONS OF SCIENCE NETWORK FOR LEARNING –COMMUNITY SCIENCE CLUBS

STUDENT APPLICATION FORM

PLEASE PRINT

/ /

Day/Month/Year

STUDENT INFORMATION

STUDENT NAME

			dd/mo/yyyy
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First Name

Last Name

Middle Initial

Date of Birth

Male

Female

Grade: 5 6 7 8

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School

School Address

Teacher's Name

Current Grade at Last Report:

History_____ Geography_____ Math_____ Science_____ Religion_____
English_____ French _____ Phys Ed_____ Drama_____ Music_____

NAME OF PARENT OR GUARDIAN

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First Name

Last Name

Home Number

Business Number

		()	()
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First Name

Last Name

Home Number

Business Number

MAILING ADDRESS

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Street Name & Number

City

Postal Code

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Emergency Name

Emergency Contact Number

Relationship

Reason for Referring Student to Science Club

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Skills you would like student to develop

YOUTH PROFILE (To be completed by student) Please answer the following questions:

Tell us something interesting or unique about yourself:

Why would you like to join a Visions of Science Club?

What kind of science activities are you interested in pursuing?

To complete your application, you will need the following forms completed and attached:

- Parent /Guardian Support Form
- Release Form
- Teacher Recommendation Form *(To be completed by teacher) (Optional)*

Parent /Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Please Return Application to:
Visions of Science Network for Learning
c/o Science Clubs
50 Markham Road, Unit 3
Toronto, Ontario
M1M 2Z4

I, _____, hereby certify that I am the
(parent/guardian name)

Parent and/or lawful guardian of _____
(name of child)

I understand and agree that when my child registers with the Visions of Science-Science Club. I hereby give permission for my child to participate in activities sponsored by the sponsoring organization.

I grant permission for my child to be photographed while attending science club activities for promotional purposes.

Yes No

Health Concerns (medication, allergies, surgeries).

If my child should require emergency medical attention, I grant permission for such treatment. All efforts should be made to contact me in an emergency situation. My contact information is as follows:

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Home Number	Business Number	Alternative

In the event that I cannot be contacted an emergency contact is as follows:

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Emergency Name	Emergency Contact Number	Relationship

I believe that the Science Club is an important opportunity for the development of my child. I commit to be part of this development by doing my part in creating a successful partnership with my child's science club by. Please check .

- Joining the parent committee**
- Volunteering at Events**
- Assisting with fundraising activities**
- Supplying Snacks for the club**
- Participating at home with my child**

Printed name of parent:

Parent's Signature: _____

Date: _____