

Daytime Phone:	Home Phone:	Cell Phone:
E-mail Address:		
Signature of Student:		Date:
Signature of Parent or Guardian:		Date:
Please list any known health problems or food allergies		
Tell us why you are interested in attending the DREME . Summer Science Camp:		

**Dr. Ronald E. McNair Educational Science Literacy
Foundation (DREME) Summer Science Camp
TEACHER RECOMMENDATION FORM**

Please print or type.

Name of Student _____
Last
First
Middle Initial

School Attending _____ Grade _____

Name of Teacher _____

NOTE TO TEACHER: The student whose name appears above is applying for admittance to the Dr. Ronald E. McNair Summer Science Camp for students entering 5th – 8th grade in Fall, 2009. You have taught this student, so you can tell if he/she is a good candidate for this one-week program. Your candid estimate of academic performance, interest, and personal qualities is important to the selection committee in making final selections for this summer’s program. When you finish the recommendation, put this form into an envelope, and seal it. Write your name across the sealed flap so that your answers will be private. Please return the sealed envelope to the student as soon as possible, or mail to D.R.E.M.E. Science Literacy Foundation, P.O. Box 580568, Houston, TX 77258-0568.

Please rate the applicant in comparison with other students whom you have known at about the same stage of their academic careers. Place an X in the appropriate column.

	OUTSTANDING	GOOD	Satisfactory	Poor	No basis TO JUDGE
General academic achievement					
Eager to learn / motivated					
Oral expression					
Written expression					
Ability to interact with peers					
Ability to work independently					
Maturity / behavior					
Participation in class					
Asset to class					

Dr. Ronald E. McNair Educational Science Literacy
Foundation (DREME) Summer Science Camp for Students

SCHOOL RECORD REQUEST

REQUEST FOR RECORDS – Your child should give this form to the school registrar at his / her school. Or, if you have a copy of the records, include this form with the records. A parent or guardian must sign this request so that the registrar can release the records. This set of records should include a copy of the most recent report card. This form should accompany the records.

Dear Registrar / Parent:

Please forward a copy of official records for this student (grades and standardized test scores) to:

**DREME Summer Camp
Science Literacy Foundation
P.O. Box 580568
Houston, TX 77258-0568**

Name of Student (please print)

School

Student ID Number

Date of Birth

Grade (current)

Homeroom Teacher

Signature of Parent/Guardian

Date

Signature of Student

Date