



DR. RONALD E. MCNAIR D.R.E.M.E. SUMMER SCIENCE CAMP

*** Monday- Friday * July 16-27, 2012 * 8:00 a.m. - 4:00 p.m.**

Texas Southern University Science Bldg., 2nd Flr., Rm. 204, 4100 Ennis St., Houston, TX 77004

*** (866) 641-8482 * dremefoundation@gmail.com ***

STUDENT APPLICATION FORM – DIV. I (Middle School) *

APPLICATION DEADLINE FEBRUARY 10, 2012

Please type or print in blue or black ink. Records Request Form should be given to the school registrar. Academic records **should be attached** to the application. Teacher Recommendation Form should be given to Math or Science Teacher. Send all information pages 1-5 to the following address:

**D.R.E.M.E Science Literacy Foundation
P.O. Box 580568
Houston, TX 77258-0568**

*** Has this student attended this camp previously? YES _____ NO _____
If so, when _____**

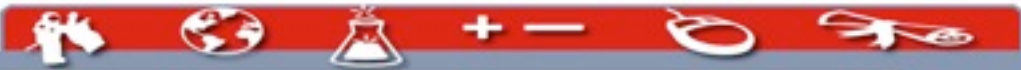
Student's Name: _____ Birth Date: _____ Sex: M F
 Parent or Guardian: _____
 Home Address: _____ Zip Code: _____
(Number & Street) (City & State)
 Phone: _____ Work Phone: _____
 E-mail Address: _____ Cell Phone: _____
 Family Doctor: _____ Phone: _____

*** In an emergency, if unable to reach parent, contact:**

Name: _____	Relationship _____
Relationship _____	Phone: _____
Phone: _____	_____
Name: _____	

Name of school student will be attending during the 2012-2013 academic year: _____
 _____ Current Grade Level: _____
*** Title I School: YES _____ NO _____** School District: _____

Please attach the following: • ALL Academic Grades for 2011-2012 including cycle 1, 2, 3 or 4 (depending on 6 th week cycle or 9 th week cycle report card) • TAKS and Achievement Test Results for: (Stanford, Iowa Test of Basic Skills, STARR etc...) - 2010-2011 School Year (required) - 2011-2012 School Year (if available)	T-shirt size	
	Adult: S M	L XL



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Educational Science Literacy Foundation**

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Ability to Work Independently				
Maturity/ Behavior				
Participation in Class				
Asset to Class				

TEACHER RECOMMENDATION – continued (part 2)

Name of Teacher (Please Print)

Phone Number

Teacher's email address

Name of School

* Title I School: YES NO

School Phone:

School Street Address

City

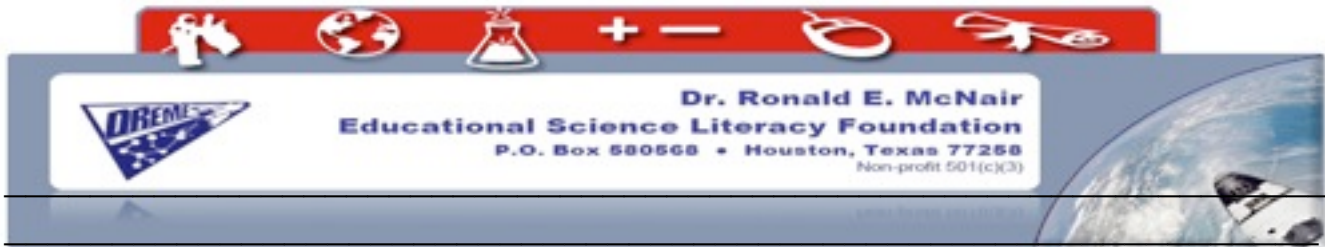
State

Zip code

1. How long have you known this applicant?

2. What subject(s) have you taught him/her? _____

Please add comments as to your overall recommendation of the applicant to the science camp.



 ✍ Teacher Signature

 Date

SCHOOL RECORD REQUEST

Please attach records to the student application and forward this to:

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

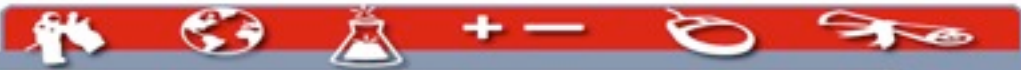
REQUEST FOR RECORDS: Your child should give this form to the school registrar at his/her school. Or, if you have a copy of the records, include this form with the records. A parent or guardian must sign this request so that the registrar can release the records. This set of records should include:

- ALL Academic Grades for 2011-2012 including cycle 1, 2, 3 or 4
 (depending on 6th week cycle or 9th week cycle report card)
- TAKS and Achievement Test Results for:
 (Stanford, Iowa Test of Basic Skills, STARR etc...)
 - 2010-2011 School Year (required)
 - 2011-2012 School Year (if available)
- Title I School: YES _____ NO _____
- Student participates in free or reduced meal program: YES _____ NO _____

This form should accompany the records.

Ethnicity:	White	Hispanic	Black	Pacific Islander	Other
Gender :	Male	Female	* Gender and ethnicity are strictly used for D.R.E.M.E reporting purposes only and are optional		

**** Please ENSURE that ALL sections of the application are filled in and completed. NO exceptions!**



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Name of Student (Please print)

Student ID Number

School Name

Grade (current)

Homeroom Teacher

~~✍~~ Parent/Guardian Signature

Date