

Kingsville ISD Summer STEM Camp

Student Application 2018

Date: _____ Student Name: _____

What school did you attend this year (2017-2018)? _____

What school will you be attending next year (2018-2019)? _____

What grade will you be in next school year (2018-2019)? _____

Check the appropriate box that indicates your answer for the following:

Gender: Male Female

Race/Ethnicity: Hispanic American Indian/Native Alaskan

African-American Asian/Pacific Islander

White Other

Check the best answer.	Strongly Agree	Agree	Not Sure / Neutral	Disagree	Strongly Disagree
I plan on enrolling in the Early College at HM King.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan on enrolling in the STEM Academy at HM King.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan on a high school pathway of STEM for graduation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to go to school for a degree, certification, or license when I finish high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/guardians are encouraging me to go to college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends plan on going to college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher(s) / counselor(s) care if I go to college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a specific career goal(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in a career in STEM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2018 Kingsville ISD Summer Camp Behavior Contract

Dear Summer Camp Participant/Parent:

It is our goal to ensure that your summer camp experience is a meaningful one. We have established a set of rules that will help keep you safe during camp. Please read over the rules and sign the bottom indicating that you understand these rules and the consequences for breaking them.

As a participant in the Summer Camp, I agree:

- To listen to instructions and participate fully in all activities.
- To treat other participants, teachers, and student assistants with respect.
- To follow all laboratory rules.
- Not to physically hurt or ridicule anyone connected with the summer camps.
- To respect others' property.
- To clean up after myself.
- Not to wander away from the group.
- Not to run, yell, or otherwise behave disruptively.

I realize that if my behavior violates this contract, I may be:

- Asked to sit out for one or more activities.
- Sent home for the day.
- Asked not to return for the remainder of the camp. *Decisions will be based on severity and frequency of behavior problems. Students will receive one warning in most instances.*

My signature signifies my agreement to abide by this behavior contract.

Print Name (Student)

Signature (Student)

Print Name (Parent)

Signature (Parent)

**HM King High School Summer STEM Camp 2018
Participant Release Form**

Media Release

I understand that photographs and/or videos may be taken of the STEM Camp activities. I hereby give my permission for resulting promotional photographs and television and/or television footage, which may include my child, to be used for promotional purposes on television, in newspapers, magazines, and press releases, on the KISD website, Facebook or any other media deemed appropriate by the Kingsville ISD.

Yes, I do.

No, I do not.

Transportation: I understand that we the family, are responsible for arranging all transportation for my child to and from the camp sessions.

Alternate Pick-Up People:

Name/Phone

Name/Phone

Parental Consent

I hereby grant permission for my child, _____ to participate in Summer STEM Camp 2018 at the HM King High School. I also agree, on behalf of myself or my child, not to make any claims of any kind against HM King High School, Kingsville ISD, its staff, its representatives and or/agents for any loss or injury that my child might sustain while engaged in the Summer STEM Camp.

Signature of Parent or Legal Guardian

Date

Relationship

Daytime Phone Number

Email Address

Cell Phone Number

**HM King High School Summer STEM Camp 2018
Medical Release Form**

_____ Grade entering in Fall: _____ Age: _____
Camper's first and last name

Birthdate: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Parent(s) Name(s): _____
Name Name

Emergency Contact Names and Daytime Phone Numbers

Primary Contact Name: _____ Number: _____

Secondary Contact Name: _____ Number: _____

Emergency Name (if different from above) _____ Number: _____

Child's Doctor: _____ Number: _____

Special Medical Needs: (for staff information only)

List any medical or learning problems that would affect camp activities:

**Allergies: _____

** Action to be taken in the event of allergen exposure: _____

** Does your child require an EpiPen? (Yes or No) if YES, you will need to send one with your child every day.

Medications: _____

Other: _____

In the event that the parent or legal guardian is not available in the case of an emergency, I hereby grant KISD permission to secure emergency medical treatment for my child.

Signature of Parent

Date