

APPLICATION FOR ADMISSION

TELECOMMUNICATIONS ACADEMY

Application Year _____

T-Shirt Size _____

To be completed by student:

Name Last First Middle			Social Security Number	
Street Address			Birth date - -	Year in school next fall (circle one) 11 12
City	State	Zip Code	Home Phone	Gender (circle one) M F
Parent/Guardian Name Last First Middle Initial				
Street Address				
City		State	Zip Code	
School District of Attendance:				GPA:

My signature on this application is evidence of my interest in attending the Telecommunication Academy in Bismarck to be held at Bismarck State College in conjunction with Bismarck Public Schools, this summer. Further, I agree that I will abide by the attendance, conduct, and safety rules set by the Academy. I have obtained the necessary signatures. I grant permission for any Academy pictures in which I may appear to be used to publicize the Academy.

Student Signature

Date

I, as the parent (or guardian) of the student named above, give my permission for my child to attend the Telecommunication Academy in Bismarck. I give permission for any field trips that are taken during the academy.

I grant permission to the Academy to use pictures of my child in materials promoting the Academy. _____ (Initial)

I grant permission to the Academy to release my child's name for the purpose of carpooling to the Academy. _____ (initial)

Parent/Guardian's Signature

Date

I have reviewed all applications for the Telecommunication Academy received from students in my district. Considering the enrollment limitations and requirement for the Academy, I give this student's application my recommendation.

Administrator's Signature

Date

Please send all information required by April 9, 2010 to:
Tammy Heck, Academy Coordinator
Telephone AT&S Program
1615 Capitol Way, Suite 204
Bismarck, ND 58501