

for office use only

#	
r	/ /
e	/ /
p	/ /

Student Name (last, first) _____ Date of Birth (mm/dd/yy) _____

Street Address _____ City, State, Zip Code _____

Phone (include area code) _____ Email Address _____

School Name _____ School District _____

Gender Male Female

Grade level in fall 2009 5th 6th 7th

Ethnicity: African/African-American Alaskan/American Indian
(Reporting ethnicity is voluntary; we use this data to describe our student profile in grant proposals and statistical reports.)
 Asian/ Pacific Islander Chicano/Latino
 White Other: _____

I would like to participate in (check one)

PRIME (\$95; grades 5-6) YES (\$95; grades 6-7)
 UMTYMP Opportunity (\$120; grades 5-7)

How did you hear about MathCEP's programs?

Friend Internet
 ITCEP Brochure Math/Science Fun Fair
 Newspaper/Journal Teacher
 Other: _____

I HAVE REVIEWED AND DISCUSSED THE FAMILY AGREEMENT ON PAGE 8 WITH MY STUDENT. WE ACCEPT THESE RULES AS REQUIRED FOR PARTICIPATION IN AN ITCEP ENRICHMENT PROGRAM, AND I SUPPORT MY STUDENT'S PARTICIPATION.

Parent or Gaurdian Name _____ Signature of Parent or Guardian _____

I HAVE REVIEWED AND DISCUSSED THE FAMILY AGREEMENT ON PAGE 8 WITH MY PARENTS AND AGREE TO COMPLY WITH THESE RULES.

Signature of Student _____ Date _____

Make checks payable to the University of Minnesota.
 For additional registration forms or information on needs-based scholarships visit our Website or call 612-625-2861.

Return this form to: MathCEP
 University of Minnesota
 4 Vincent Hall
 206 Church Street SE
 Minneapolis, MN 55455

