

11. **Household Monthly Income** <\$1,999 \$2-2,499 \$2,500-2,999 \$3-3,499
 \$3,500-3,999 \$4-4,499 \$4,500-4,999 \$5-5,499 \$5,500- 5,999 >\$6,000

12. _____ ISD 7 8 9 10 11
 Name of School School District Circle Current School Grade

13. _____
 School Address City State Zip Phone #

14. AREAS OF CAREER INTEREST: _____

15. HOBBIES AND STRONG INTERESTS: _____

16. BRIEFLY DESCRIBE YOUR PARTICIPATION IN MATH AND SCIENCE ACTIVITIES (Clubs, rallies, fairs, etc.) _____

17. HONORS AND AWARDS _____

18. PLEASE INDICATE THE SPECIFIC GRADE IN WHICH YOU STUDIED ANY OF THE FOLLOWING COURSES. (6, 7, 8, 9, 10, 11, OR 12 GRADE).

COURSE	GRADE	COURSE	GRADE
MATHEMATICS		SCIENCE	
PREALGEBRA		INTEGRATED PHYSICS & CHEMISTRY	
ALGEBRA I		BIOLOGY	
ALGEBRA II		ENVIRONMENTAL SYSTEMS	
GEOMETRY		CHEMISTRY	
TRIGONOMETRY		PHYSICAL SCIENCE	
PRECALCULUS		AQUATIC SCIENCE	
MATH MODELS		PHYSICS	
AP CALCULUS AB		ASTRONOMY	
AP CALCULUS BC		GEOLOGY, METEOROLOGY, & OCEANOGRAPHY	
AP STATISTICS		AP BIOLOGY	
		AP CHEMISTRY	
		AP PHYSICS B OR C	
		AP ENVIRONMENTAL SCIENCE	

19. Ethnicity: Amer. Indian Black White Latina/Hispanic Asian-American

20. HOW DID YOU HEAR ABOUT AusPrEP? (CHECK ALL THAT APPLY)
 Teacher Principal Former PREP participant School Presentation Friend
 E-mail Counselor Program Flyer Website Other: _____

21. **Participant Tee Shirt Size:** Adult Small Medium Large 1X 2X 3X

22. PARENT'S/GUARDIAN'S CONSENT: As the parent/guardian of the above named student, I certify that my son/daughter/ward has my permission to participate in the AusPrEP Program. It is my understanding that he/she will be subject to regulations of the PREP campus, which he/she will attend. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

23. _____
 *Signature of Parent/Guardian Date Signature of Student Date

***Parent must attend the Orientation currently scheduled for May 26, 2016**