# 2013 CALIFORNIA CHEMISTRY CAMP

Official Application

This application consists of two forms: Part 1 is the student form to be filled out by students. Part 2 is the parent or legal guardian form to be filled out by parents or legal guardians. Fill out both parts and email to Angela Fowler, Director of Planning at fowlers@syix.com.

Note that all applications will be screened by a committee and up to fifteen students will be selected to attend the camp.

All required fields are indicated by a \*.

## Part 1. Student Form:

\*First Name:

\*Last Name:

\*Birth Date

\*Gender

\*School Grade level as of January, 2013:

\*Student Email: (if applicable)

\*Student Phone: (if applicable)

\*Why do you want to attend the California Chemistry Camp?

\*What do you hope to gain from this program?

\*What are your primary interests and hobbies? Do you participate in any extracurricular activities?

\*Please list any science or math classes you have taken in high school.

## Part 2. Parent or Legal Guardian Form:

\*First Name:

\*Last Name:

\*Address 1:

\*Address 2:

\*City:

\*State:

\*Zip or Postal code:

\*Home Phone:

\*Cell phone:

Work phone:

\*Email Address:

\*Child’s School Name:

\*Child’s Teacher of the Visually Impaired or Orientation and Mobility Instructor’s Name (first then last):

\*Teacher of the Visually Impaired or Orientation and Mobility Instructor’s Email:

\*Does your child currently have a personal aide at school provided by the school system? (Select yes or no)

\*What was your child’s overall grade point average as reported on his or her last report card or progress report?

\*Please describe the academic performance of your child. Please provide a list of his or her strengths and weaknesses in school and any other information you consider relevant:

\*What is your child’s reading medium? (Please choose from Braille, large print, regular print, audio only, all four, or other “please describe.”

\*If your child reads Braille, at what age did he or she learn it?

\*Does your child read both contracted and uncontracted braille?

\*Please indicate which assistive technologies your child uses on a regular basis: (checklist: screen readers, magnifiers, note takers)

\*Please describe the level of independence and maturity of your child (age appropriate) in the following areas:

\*Mobility:

\*Hygiene:

\*Social Skills:

\*Health care (Can he or she manage his or her medication unassisted?):

\*Has your child ever attended an over-night program of any kind? (Select yes or no.)

\*If yes, please describe the focus of the over-night program I. E. sports, music, blindness training skills, etc.

\*Please clearly tell us about any medical conditions or disabilities your child has, including cause of blindness, visual functioning (if any), or any other special considerations (medical or otherwise) of which we need to be aware:

\*What is your child’s best-corrected visual acuity in the best eye?

\*What is your child’s visual field?

\*Please provide any other information you think would be useful to us during the application screening process.