



Summer Academy

Student Application

STUDENT INFORMATION

Please print or type

Student Name: _____ Social Security Number: _____
Last First M.I.

Address: _____
Street City State Zip

Phone: _____ Student E-mail: _____

Emergency Number: _____ Emergency Contact: _____

Date of Birth: _____ Current Grade: 8th 9th Gender: Male Female

Ethnicity (optional): Native American Black/African American Asian/Pacific Islander Multi-Racial
 (Check all that apply) Hispanic/Latino White/Caucasian Other _____

Do you have a physical disability that may require special accommodations? Yes No

Do you have any special dietary needs? If so please explain: _____

PARENT OR LEGAL GUARDIAN INFORMATION

Student lives with: Father Mother Both Other: _____

Father's/Male Guardian's Name: _____

Business Phone: _____ Email: _____

Mother's/Female Guardian's Name: _____

Business Phone: _____ Email: _____

SCHOOL INFORMATION

Name of School: _____ Type: Public Private Home school

School Address: _____
Street City State Zip

School District: _____ County: _____

Name of School G/T Coordinator or Counselor (Mrs., Ms., Mr., Dr.): _____

ACADEMIC INFORMATION

I have attached the following academic records (transcript and documented test scores are required):

- Most recent school transcripts
*Home school students must submit a list of courses taken during the 2008-09 school year
- Nationally-normed standardized test scores (e.g. SAT-9 or ITBS)

Check all that apply:

- Participate in a Gifted and Talented program through my school
- University of Arkansas Gifted & Talented Scholar
- Participated in Duke University's Talent Identification Program (TIP)
- Attended a similar summer program (name of program _____)

Are you in preAP or honors classes? Yes (please list) _____
 No

