

Sound Skills Program
Sponsored By
Bridgeport Regional Aquaculture Science and Technology Education Center
February 21, 2012 – February 24, 2012
8:30 a.m. – 4:30 p.m.
Student Application
February 2012

Student's Name _____ Date of Birth _____

Parent or Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ Zip _____ Current Grade (Please Circle One) 6 7 8

Parent or Guardian Email: _____

Current School _____

Student's Science Teacher _____

Student's Guidance Counselor _____

Please provide us with a brief statement of what you expect to gain from participating in the Sound Skills Program.

This application is required to be completed for acceptance into the program. Upon acceptance, students will receive an enrollment package containing the program schedule and all **required** medical/contact forms.

Parent's Signature _____ Date _____

Student's signature _____ Date _____

Please Return This Form To Your Guidance Counselor