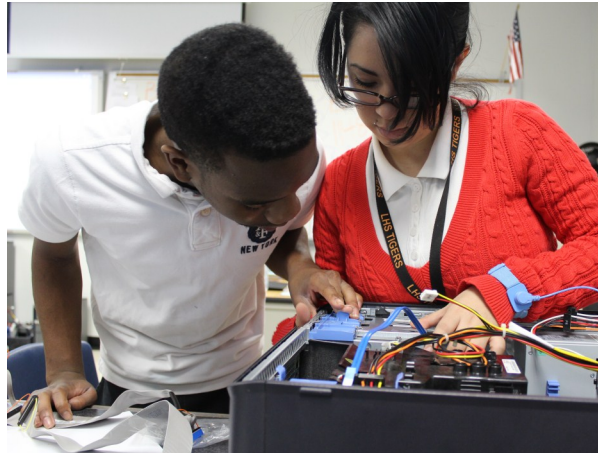




Lights...Camera...Action! Write, direct and/or star in a Public Service Announcement commercial featuring you and your friends.

Get **L.I.V.E.**:

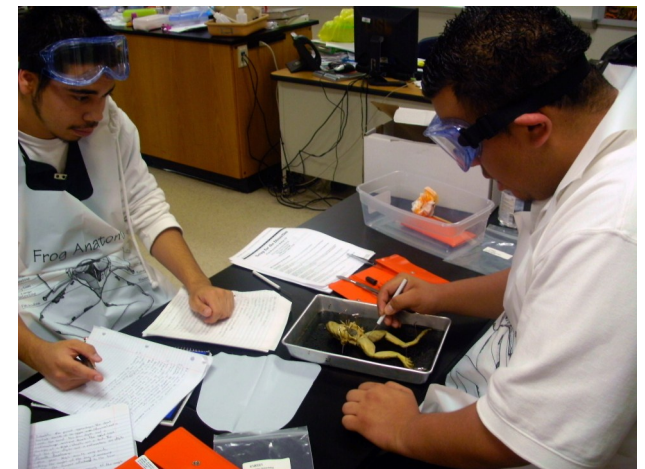
- ✓Students entering 6th - 9th grade
- ✓Located at Lancaster High School
- ✓Students have been pre-assigned camp dates: July 9-13, July 16-20 or July 30–August 3 + one Saturday a month during the school year
- ✓9 a.m. to 3 p.m.
- ✓Only \$10 for field trip & T-shirt
- ✓**FREE tuition, transportation & meals**



Game on! You buy video games, you play them, now design your own. Use software to create the next hottest video game.



Take off! Become a private pilot, develop flight schedules and fly a full-motion flight simulator.



Dr. YOU! Become a medical expert and engineer a possible cure to save lives.

Get **L.I.V.E.** this Summer & *Live the Experience*

Lancaster Innovative Visioneering Experience

For office use only

Date Received _____

Lancaster ISD STEM L.I.V.E. Summer Experience

Mail to: 422 S. Centre Ave • Lancaster, TX 75146 • 972-218-1400/Fax 972-218-6425



T-Shirt Size (Adult Size)

- ☐ Small ☐ X-Large
☐ Med ☐ XX-Large
☐ Large ☐ XXX-Large

STUDENT REGISTRATION FORM SUMMER 2012

Eligible Grades: 6th, 7th, 8th, & 9th graders for the 2012-2013 school year

Camp Dates: Cohort 1: July 9 – July 13 9 a.m. – 3 p.m. Mon-Fri
Cohort 2: July 16 – July 20 9 a.m. – 3 p.m. Mon-Fri
Cohort 3: July 30 – Aug. 3 9 a.m. – 3 p.m. Mon-Fri

Student/Family Data

*Free / Reduced Lunch: _____ YES _____ NO (Note: All students will receive breakfast and lunch free of charge.)

☐ Female ☐ Male Grade Level _____ Home Campus _____ ID# _____

Student Name _____ Date of Birth: _____
First Name Middle Legal Last Name

Home Address: _____ Home Phone: _____
Street address, apt # or lot # City State Zip

Student live with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other, explain: _____
Name/Relationship to Student Who is student's Legal Guardian?

Parents'/Guardians' Name(s)	Cell Phone	Work Phone	Work Place
Mother			
Father			

Health Information

PREFERRED LOCAL EMERGENCY ROOM: _____ Charlton Methodist _____ Baylor University Medical Center _____ Nearest
Date of Last Tetanus _____ Doctor: _____ Dentist: _____

ALLERGIES to anything listed below:

- ☐ Medication: _____
☐ Food: _____
☐ Other: _____

Please indicate if your child has any of the following health problems:

_____ Asthma _____ Bone/Joint Problems _____ ADD/ADHA _____ Vision problems/glasses/contact
_____ Seizure disorders _____ Speech disorders _____ Migraines _____ Hearing problems/hearing aid
_____ Diabetes _____ Bleeding disorders _____ Heart problems _____ Recent surgeries/hospitalization
_____ Skin disorders _____ Other (describe below) _____ Mental disorders _____ Bladder/kidney problems

Explain _____
List any medication student takes and reason: _____

Emergency Contact

Names/Daytime
phone numbers of
three local adults (in

addition to the above names and numbers) who agreed to be contacted in the event of illness or injury and who have your permission to pick up your child if we cannot reach you. A valid photo ID will be required to pick up students.

Name	Relationship	Daytime Phone #

* I understand my signature below authorizes LISD STEM LIVE Summer Experience to initiate ambulance transfer and emergency treatment at my expense in the event I cannot be reached. I also agree, unless otherwise noted in writing, that the health information may be shared with others related to the care and safety of my child. I give my permission of LISD Staff to receive healthcare information from my child's physician or other health care provider during this event.
My child has permission to attend the LISD STEM LIVE Summer Experience. I have read and understand the information on this form. Students may be removed due to any discipline/safety issues without refund. L I S D may use my student's picture in advertisements unless I notify them otherwise.

Parent/Guardian Signature

Date