



Seabrook Science Magnet Program Student Application

Last Name

First Name

Address

City Zip Code

Home Telephone Number

Elementary School Grade Level

Father's (guardian) Name

Mother's (guardian) Name

Address (if different)

Address (if different)

Business Name Work Telephone

Business Name Work Telephone

Father's Email Address

Mother's Email Address

The student applicant will complete one essay at the elementary school under the supervision of the counselor. One recommendation form is to be given to the student's Science teacher. One recommendation form is to be given to the student's Language Arts teacher. The recommendations are turned into the school counselor by the teacher.

Deadline for all forms to be returned to the school counselor, February 8, 2006.

I understand the nature of the Seabrook Science Magnet Program and of the classes in which students will be enrolled. I realize this is a three-year commitment. I understand this Program is based on the love of science and additional science opportunities are available.

Applicant Signature Date

Parent Signature Date

Office Use Only:

Application # _____

Intermediate Attendance Zone _____