



## Seabrook Science Magnet Program

### Student Application

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Last Name

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First Name

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Address

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City

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Zip Code

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Home Telephone Number

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Elementary School

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Grade Level

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Father's (guardian) Name

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Mother's (guardian) Name

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Address (if different)

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Address (if different)

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Business Name

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Work Telephone

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Business Name

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Work Telephone

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Father's Email Address

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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.

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Applicant Signature

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Date

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Parent Signature

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Date

Office Use Only:

Application # \_\_\_\_\_

Intermediate Attendance Zone \_\_\_\_\_