

| | |
|--|--|
| <p>APPLICATION INSTRUCTIONS</p> <ul style="list-style-type: none"> • Please Type or Print Clearly. • Use blue or black ink. • Fill in all blanks provided. | <p>OFFICE USE ONLY</p> <p>Date Received _____</p> <p>KP _____ CS _____</p> <p>KG _____ AE _____</p> |
|--|--|

Bluford Drew Jemison STEM Academy East

Applications must be received by February 25 in order to be entered in our 2009-2010 admissions lottery. Applications received after this date will be considered only if space is still available. Bluford Drew Jemison STEM Academy West is accepting applications for students who will be in the 6th grade for the 2009-2010 school year.

| |
|--|
| Date: _____ |
| Full Name (As on Birth Certificate): _____ |
| <i>Last</i> <i>First</i> <i>Middle Initial</i> |
| Birth Date: _____ / _____ / _____ Social Security # _____ - _____ - _____ |
| <i>Month</i> <i>Day</i> <i>Year</i> |
| Home Address: _____ |
| <i>Apt./Street</i> <i>City</i> <i>State</i> <i>Zip</i> |
| Home Phone: _____ - _____ - _____ |
| Current School _____ Current Grade _____ |
| How did you hear about Bluford Drew Jemison STEM Academy? |
| <input type="checkbox"/> School <input type="checkbox"/> Friend <input type="checkbox"/> Church <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____ |
| How was contact made? <input type="checkbox"/> E-mail <input type="checkbox"/> Letter <input type="checkbox"/> Person <input type="checkbox"/> Phone |
| Scholar Lives With: (Check all that apply) |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt or Uncle |
| <input type="checkbox"/> Other—Relationship: _____ |
| Emergency Contacts |
| Full Name _____ Phone _____ Relation _____ |
| Full Name _____ Phone _____ Relation _____ |
| Full Name _____ Phone _____ Relation _____ |

SECTION B: Family Information – To be completed by Parent or Guardian

Personal Data of Parent or Guardian 1

Full Name: _____
Last First Middle Initial

Gender: Male Female Birth Place: _____

Relationship to Scholar: _____

Home Address: _____
Apt./Street City State Zip

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email: _____ Work Phone: _____ - _____ - _____

Personal Data of Parent or Guardian 2

Full Name: _____
Last First Middle Initial

Gender: Male Female Birth Place: _____

Relationship to Scholar: _____

Home Address: _____
Apt./Street City State Zip

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email: _____ Work Phone: _____ - _____ - _____

Brothers, Sisters, and all others who live in the household with the scholar:

| Name | Age | Grade | Relationship |
|-------|-----|-------|--------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Please send completed applications to: 1130 N. Caroline Street, Baltimore MD 21213
Application Deadline is February 25, 2009