

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

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 6<sup>th</sup> grade for the 2009-2010 school year.

Date: \_\_\_\_\_

Full Name (As on Birth Certificate): \_\_\_\_\_

*Last*                      *First*                      *Middle Initial*

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Month*                      *Day*                      *Year*

Home Address: \_\_\_\_\_

*Apt./Street*                      *City*                      *State*                      *Zip*

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current School \_\_\_\_\_      Current Grade \_\_\_\_\_

How did you hear about Bluford Drew Jemison STEM Academy?

School     Friend     Church     Newspaper     Other \_\_\_\_\_

How was contact made?     E-mail     Letter     Person     Phone

**Scholar Lives With:** (Check all that apply)

Mother     Father     Both Parents     Grandmother     Grandfather     Aunt or Uncle

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
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_____			
_____			
_____			

**Please send completed applications to: 1130 N. Caroline Street, Baltimore MD 21213**

**Application Deadline is February 25, 2009**