

FRESHMAN SUMMER MATH & SCIENCE ACADEMY
LAKEVIEW CENTENNIAL HIGH SCHOOL
SUMMER 2010

STUDENT INFORMATION

Student Name: _____ **ID Number:** _____

Address: _____

Home Phone Number: _____

ACADEMIC INFORMATION

Did the student pass the mathematics portion of the 8th Grade TAKS? Yes ___ No ___

Did the student pass the science portion of the 8th Grade TAKS? Yes ___ No ___

Does your student require any academic or physical accommodations to participate in this program? Yes _____ No _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____

Relationship to Student: _____

Address: _____
(if different from student) _____

Phone Number for Contact: _____

_____ **Cell Phone** _____ **Work Phone** _____ **Home Phone** **(please mark one)**

Parent/ Guardian Signature: _____

Date: _____

*Please return the program form to your middle school counselor or LCHS no later than **Friday, June 4, 2010**. You may also submit the program form electronically to jrjolive@garlandisd.net.*