



Member Application 2014-2015

Name	<input type="text"/>	Email	<input type="text"/>	Graduating Class of	<input type="text"/>
Cluster	<input type="text"/>	Phone	<input type="text"/>		
Parent Email	<input type="text"/>	Parent Phone	<input type="text"/>		
Departments	<input type="checkbox"/> SCIENCE	<input type="checkbox"/> TECHNOLOGY	<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> MATHEMATICS	

WHY ARE YOU INTERESTED IN THESE DEPARTMENTS?

WHAT RELEVANT EXPERIENCE DO YOU HAVE?

WHAT WOULD YOU LIKE TO LEARN?
(COMPETITIONS YOU'D LIKE TO ATTEND?)

SCIENCE/MATH CLASSES TAKEN AND TAKING

Terms and Conditions

By signing this application I hereby certify that I have read the Oxford Academy STEM Manual (located at <http://oastem.org/manual>, hard copy available upon request) and agree to the policies set forth therein. I understand that Oxford Academy STEM is a considerable time commitment and agree to prioritize my or my student's responsibilities at Oxford Academy STEM and agree to support the mission of Oxford Academy STEM to the best of my capabilities, up to and including volunteering time or resources for Oxford Academy STEM if possible.

<input type="text"/>	<input type="text"/>
STUDENT SIGNATURE	DATE

<input type="text"/>	<input type="text"/>
PARENT SIGNATURE	DATE

TURN IN YOUR APPLICATION TO THE DOOR OUTSIDE ROOM 201