# wam_logo **WOMEN & MATHEMATICS**

# **MATH MENTORING PROGRAM**

# **Student Application and Parent Permission Form**

**Please type or print legibly using ink!**

The Women and Mathematics Mentoring Program is for eighth-grade girls who are interested in math, science, engineering or technology whose grades are above average in those subjects. You also must have demonstrated yourself to be a responsible student.

Teacher: ⬜ I highly recommend this student for WAM

 ⬜ I recommend this student for WAM

 ⬜ I do not recommend this student for WAM

Teacher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students must complete the application, and parents must fill out and sign the permission form for the application to be processed. This application should then be returned to your math teacher.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-shirt size: (adult) XS ⬜ S ⬜ M ⬜ L ⬜ XL ⬜

Student’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can we send the student text messages? \_\_\_\_

Student’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student need any special accommodations (Dietary, Allergies, Physical, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What subjects/classes do you enjoy in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Math Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Math Teacher’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s) Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Phone Numbers:

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

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can we send parents text messages?\_\_\_\_\_\_\_\_

Parent(s)’ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all interests that apply to the student:

* Acting
* Board Games
* Computer Programming
* Cooking
* Coloring
* Soccer
* Creative Writing
* Science Fairs
* Crossword Puzzles
* Dance
* Digital Arts
* Lego Building
* Drama
* Physics
* Drawing
* Astronomy
* Basketball
* Softball
* Bird watching
* Math
* Camping
* Fishing
* Flag Football
* Flying
* Gardening
* Engineering
* Pottery
* Puzzles
* Quilting
* Reading
* Running
* Robots
* Shopping
* Cheerleading
* Scrapbooking
* Sewing
* Forensics
* Singing
* Sketching
* Chemistry
* Table Tennis
* Video Games
* Watching Movies
* Technology
* Web Surfing
* Biology
* Writing
* Yoga
* Coding
* Rock Climbing
* 3D Printing

Can the student take 1 day (excused absence 8am-3pm) from school during the semester AND at least one afternoon each month (3pm-6pm)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In a few sentences, what would the student like to learn or accomplish during this program?

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Please list any other activities in which the student may want to participate in the spring (include sports, clubs, church and any other activities). If possible, please also indicate days and times of the activities.

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**PARENTS AND STUDENTS: IF THE STUDENT WILL BE INVOLVED IN TWO OR MORE EXTRACURRICULAR ACTIVITIES IN THE SPRING SEMESTER, PLEASE FOREGO APPLYING TO THIS PROGRAM AND ALLOW ANOTHER YOUNG LADY TO HAVE THAT SPOT IN THE PROGRAM!**

If you have any questions about the program, please email Dr. RN Uma at coordinator@womenandmathmentoring.org. Please return this along with the Parent Permission form to your math teacher **NO LATER THAN OCTOBER 15, 2024**.

WAM Mathematics Mentoring Program

Parent Permission Form

**(Durham Public Schools Liability Clause to be signed by Parents/Guardians of students participating in programs affiliated with Durham Public Schools)**

**I hereby certify that my daughter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to participate in the Women & Mathematics Mentoring Program for the Durham Public School system.**

To the best of my knowledge she is physically fit to engage in such activity and is not suffering from any disease or injury.

**I agree and do hereby waive and release all claims against the Durham Public Schools system and any teacher, employee or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my daughter for any personal injury or illness that may be suffered or any loss of property that may occur to my daughter.**

I give my consent for WAM to take and use photographs and/or digital images of my child for use in news releases, educational materials, including printed or electronic publications, web sites or other electronic communications. I authorize the use of these images without compensation.

I will ensure that my daughter participates in at least one activity per month with her Math Mentoring team (volunteer mentor and other mentees). Please keep in mind that your daughter needs time to complete this semester program.

I understand that no student will be allowed to participate in this activity until this form is signed by her parent or guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s) where parent can be reached during business hours

**Person to contact, if parent(s) or guardian cannot be reached:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person's Telephone numbers:

(Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form along with your daughter’s application to her mathematics teacher no later than October 15, 2024.**