

SCIENTIFIC TOOLS AND TECHNIQUES (STT) PROGRAM
FERNBANK SCIENCE CENTER
DEKALB COUNTY SCHOOLS
2010-2011

Student Application/Information Form

Instructions: Please type or complete this form in black ink and return it to the STT coordinator. Obtain three (3) recommendation forms and ask three (3) of your past or present teachers from the areas (only one teacher per area) of English, Mathematics, Science, or Social Studies to complete one. One recommendation **MUST** be from a Science teacher. **After completion, the teachers will return them to the school STT coordinator.**

SECTION I

Student's Name _____ Student ID# _____

Student's Address _____ City/Zip _____

Parent/Guardian _____ Parent/Guardian _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Middle School _____ Present Grade _____

High School Attending _____

Are you applying to a **Magnet** school for the ninth grade? If so, which school _____

Please list all DeKalb County special programs you are applying to _____

Students attending magnet programs in high school cannot be enrolled in STT.

Student Signature _____

Parent/Guardian Signature _____

**Program continuation is contingent upon Board approval of the 2010-2011 fiscal year budget.
Transportation to the program is contingent upon Board approval of the 2010-2011 fiscal year budget.**

SECTION II

1. Describe any science projects in which you have been involved.

2. Why must scientists have good math skills? Explain

3. What is your favorite science subject? Why is it so interesting?

4. If you could be any scientist, who would it be? Why?

5. What is your most difficult subject? Why?

**Program continuation is contingent upon Board approval of the 2010-2011 fiscal year budget.
Transportation to the program is contingent upon Board approval of the 2010-2011 fiscal year budget.**

