

High School Mathematics Access Program (HiMAP)

California State University, Stanislaus

Office of Mathematics Grants

One University Circle • Turlock, CA 95382

Phone (209) 667-3780/3595 209) 667-3012



HiMAP Registration Form

- Complete Form in **Black or Blue** pen (no pencil)
- Please print clearly
- Both parent and student signatures are necessary
- Registration fees are required for a completed application.

Student Name: _____ Date: _____

Parent/Guardian (Name): _____

Mailing Address: _____
Street

City State ZIP

Home Phone: _____ Emergency or Cell Phone: _____

Student's Date of Birth: _____ Gender: ____ F ____ M

E-mail Address: _____
please print clearly

Have you participated in HiMAP before? Circle one: Yes No _____
If yes, give year/semester

T-shirt Size: ____ S ____ M ____ L ____ XL ____ XXL ____ XXXL

Grade Level: _____ Math Class _____

School Name & City: _____

Principal's Name: _____

Math or Science Teacher's Name: _____

To be Completed and Signed by Student/Parent/Guardian

Registration Fees:

- \$100/Fall 2011 semester
- \$100/ Spring 2012 semester
- \$150 for year (if paid in full on registration)
- \$10 for HiMAP T-shirt

Registration fees are non-refundable. Make check/money order payable to "CSU Stanislaus/HiMAP". Mail or deliver the completed application and emergency forms along with payment to:

CSU Stanislaus/Math Grants
ATTN: Dr. Viji Sundar
One University Circle
Turlock, CA 95382

Or send by email to: mathgrants@csustan.edu

Note: You may bring completed application and registration fees on first session of attendance.
***Application not complete until both application and fees are received**

Consent to Participate In HiMAP

- (Student's name) _____ has my permission for participation in the HiMAP offered through CSU, Stanislaus. I give permission to authorized personnel to make a record of my child's activities (e.g. video-tape, audio-tape, photos, and comments) while engaged in the program.
- I understand that the material so obtained may be used for publicity, education, and other training purposes benefiting the program.
- I understand that my child must abide by the dress code in order to participate in the program.
- I understand that my child will be dismissed without refund if he/she breaches any of the rules.
- I assume full responsibility for any damage to the University property brought about by my child.

➤ **Parent/Guardian Signature:** _____ **Date:** _____
(Required)

As a participant of HiMAP, I will abide by the rules.

➤ **Student Signature:** _____ **Date:** _____
(Required)

Excellence Is Never An Accident