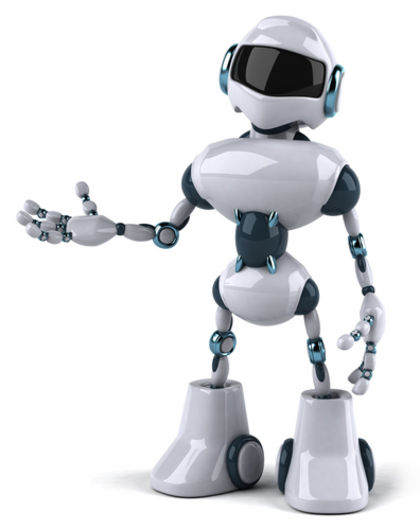
ROBOTICS ACADEMY TRAININ**G**

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| **Application Form** | | | | | | | | |
| **Location:** Harmony School of Excellence | | | | | | | **Tuition:**  **$120 (including lunch for the duration of the academy)** | |
| **Application Deadline:** January 23rd, 2015 | | | | | | |
| **Eligible Students:** Current 4th, 5thgraders & 6th graders | | | | | | |
| **Student Information** | | | | | | | | |
| Date: | | | | Grade: | | | | Gender: 􀂉 Male 􀂉 Female |
| Last name: | | | | Home phone: ( ) | | | |
| First name: | | | | Cell phone: ( ) | | | |
| Email: | | | | | | | | |
| Street address: | | | | | | | | |
| City: | | | State: | | | ZIP Code: | | |
| **Parent/Guardian Information** | | | | | | | | |
|  | **Contact 1** | | | | **Contact 2** | | | |
| Name: |  | | | |  | | | |
| Email: |  | | | |  | | | |
| Cell phone: |  | | | |  | | | |
| Work phone: |  | | | |  | | | |
| Employer: |  | | | |  | | | |
| Position: |  | | | |  | | | |
| **Emergency contact name and phone number:** | | | | | | | | |
| Relationship of Emergency Contact: | | | | | | | | |
| List medications or pertinent health issues: | | | | | | | | |
|  | | | | | | | | |
| **Individual listed below has permission to pick up student** | | | | | | | | |
| Name: | |  | | | | | | |
| Relationship to student: | |  | | | | | | |
| Phone Number: | |  | | | | | | |

Academy Training will be provided by the HSE Robotics Team. First come first serve!!

First 15 students (5 students from each grade level) who had made the payment will be selected.

Other students will be placed on a waiting list. Eligible students will be announced on January 27th, 2015. During the training, the attendants will learn basic team building, robot design/building and programming skills. This training is a prerequisite for joining the HSE Robotics Team; however, there is no guarantee that participants will be selected.

Email Mrs. Toptas ([stoptas@harmonytx.org](mailto:stoptas@harmonytx.org)) for additional questions.