

Please understand that your intention to participate in GMP reserves your seat in the class. A last-minute change of heart may preclude another student from participating. We urge you to make this decision carefully.

Yes, we wish to participate in the University at Buffalo GIFTED MATH PROGRAM

Please fill out the following information below for our directory and records. Student name recorded here will be used in University records. If there is an alternative preferred name, please let us know.

Student's Last Name	Student's First Name	Student's Middle Name/Initial (Optional)
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Student's Social Security Number Used only for UB student accounts tax reports	Country Of Citizenship If not US citizen, provide visa type and attach copy of visa	Date of Birth
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Parent/Guardian(s) Names(s)

Address	City	State	Zip
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Parent/Guardian Primary Phone Number	Parent/Guardian Other Numbers (please designate cell, work, parent)
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Student e-mail address if they use one outside of school	All Parent/Guardian e-mail addresses that should receive our communications
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Name of School Student will attend next year	Grade in School in September
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Name of Emergency Contact	Relationship to Student	Phone Number
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By signing below, we understand the commitments necessary for our joining this program including the agreement of our school to this participation. We have read the GMP Policies at <http://giftedmath.buffalo.edu/current/policies.php>

Student Signature	Date
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Parent/Guardian Signature	Date
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