University at Buffalo
Gifted Math Program
Graduate School of Education

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)

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

Parent/Guardian(s) Names(s)

Address | City | State | Zip

Parent/Guardian Primary Phone Number | Parent/Guardian Other Numbers (please designate cell, work, parent)

Student e-mail address if they use one outside of school | All Parent/Guardian e-mail addresses that should receive our communications

Name of School Student will attend **next year** | Grade in School in September

Name of Emergency Contact | Relationship to Student | Phone Number

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

Parent/Guardian Signature | Date