

Yes, we wish to participate * No, we do not wish to participate *

in the University at Buffalo GIFTED MATH PROGRAM

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

We understand the commitments necessary for our joining this program including the agreement of our school district to this participation. We have read the GMP Policies at <http://giftedmath.buffalo.edu/current/policies.php>

Student Signature Date Print name as it should appear on UB records

Parent or Guardian Signature Date Home Phone Number

STUDENT'S SOCIAL SECURITY NUMBER (REQUIRED) **COUNTRY OF CITIZENSHIP (REQUIRED)** **Date of Birth**
 If not US citizen, provide visa type **and** attach copy of visa

Student's e-mail address Parent Work Phone Number

Mom's Cell Number Dad's Cell Number

Mom's e-mail address Dad's e-mail address

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

Name of Emergency Contact Relationship to Student Phone Number

Parents, for our directory, please indicate your name, salutation (e.g., Dr., Mr., Mrs., Ms.), and complete home mailing address:

Parent(s) Names(s) e.g. Dr. William and Mrs. Sally Smith

Address City State Zip