

Explore Kids Workshops Application

Name of student	Birth date	
School	Grade	
Name of guardian	Birth date	
Address	City	State/Zip
Phone	E-mail	

Previous Explore Kid? Yes No

FOR PARENTS

I, _____, hereby agree to allow the school district to release information about my child's participation in the free and/or reduced lunch program, and gifted education program. I also consent to my child's application for the Explore Kids Workshops.

Parent's signature

FOR SCHOOL OFFICIALS (choose one)

I, _____, hereby certify that this student is placed in

School name

gifted education program, in good academic standing, and is eligible to participate in the free/reduced lunch program.

Gifted program teacher or principal's signature

OR

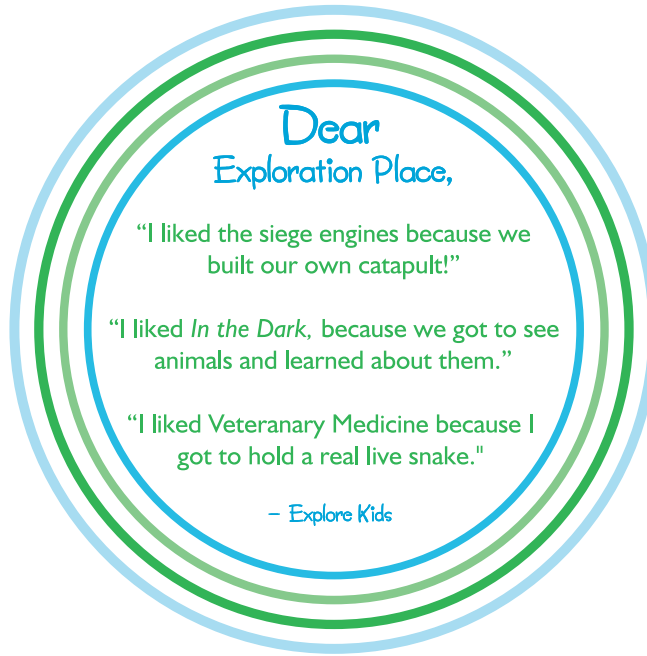
I, _____, hereby certify that this student is in good academic standing, and is eligible to participate in the free/reduced lunch program. He/she is not currently identified as gifted, but I believe he/she would benefit from this scholarship.

Principal's signature

For questions contact:

Laurel Zhang at (316) 660-0649

Copies of this application form are available online at www.exploration.org.



Exploration PLACE

The Sedgwick County Science and Discovery Center

300 North McLean Boulevard
Wichita, Kansas 67203
www.exploration.org