

GCCISD Junior Robotics Team
Student Application
2012-13

GCCISD Junior Robotics Team members will be selected from a pool of 5th – 8th grade applicants. Each student wishing to apply for team membership must complete the following application and attach a resume as well as a letter of recommendation from a GCCISD teacher. Applications may be mailed or faxed (281-420-4447) to the attention of Carol Mitchell at the following address or dropped off at the GCCISD Administration Building to the attention of Carol Mitchell. Applications must be received by **Tuesday, September 25**. *[If you run out of space when attempting to answer a question, please attach additional paper.]*

Goose Creek CISD
Attn: Carol Mitchell
PO Box 30
Baytown, TX 77522
cemitchell@gccisd.net
Fax # 281-420-4447

Applicant's Name: _____ Date: _____

Grade Level: _____ Campus: _____ Birth Date: _____

Homeroom Teacher: _____

Parent Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Mailing Address: _____

E-mail Address: _____

1. Do you have any prior experience working with a robotics team? If so, please explain.

2. What positive characteristics would make you a good member of a GCCISD Junior Robotics Team?

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- Teacher Name*

Campus

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TRANSPORTATION STATEMENT

I understand that transportation to and from team practices must be provided by the parent/guardian. Practices will occur approximately twice a week during the months of October through December from 4:00 – 6:00 p.m.

SIGNATURE OF PARENT/GUARDIAN

STUDENT STATEMENT

The answers submitted to the above questions were completed independently and reflect my personal thoughts and experiences.

SIGNATURE OF STUDENT

PARENT STATEMENT

I confirm that the attached answers submitted reflect the independent thought and work of my child.

SIGNATURE OF PARENT/GUARDIAN

Date