



LAKE ORION HIGH SCHOOL *FIRST* ROBOTICS TEAM 302 APPLICATION

APPLICANT INFORMATION

Name: <i>(First/Last)</i>		Student ID:
Date of birth:	Gender:	Grade:
Student of: <i>(Please circle)</i>		
Lake Orion High School	Home School	Other: _____
Address:		
City:	State:	ZIP Code:
Email Address:	Home Phone:	Cell Phone:
T-Shirt Size: <i>(Please circle)</i> S M L XL 2XL 3XL	Allergies: <i>(List type)</i>	

PRIMARY PARENT/GUARDIAN INFORMATION

Name: <i>(First/Last)</i>		
Address: <input type="checkbox"/> Same as applicant		
City:	State:	ZIP Code:
Email Address:	Home Phone:	Cell Phone:
Name of Employer/Job Title: <i>(Optional)</i>		

SECONDARY PARENT/GUARDIAN INFORMATION

Name: <i>(First/Last)</i>		
Address: <input type="checkbox"/> Same as applicant		
City:	State:	ZIP Code:
Email Address:	Home Phone:	Cell Phone:
Name of Employer/Job Title: <i>(Optional)</i>		



EMERGENCY CONTACT			
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
RACIAL OR ETHNIC GROUP INFORMATION			
<input type="checkbox"/>	American Indian/Alaskan	<input type="checkbox"/>	Asian/Pacific Islander
<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>		<input type="checkbox"/>	Black/African American
<input type="checkbox"/>		<input type="checkbox"/>	Other _____
HOW DID YOU HEAR OF TEAM 302?			
<input type="checkbox"/>	Returning Member	<input type="checkbox"/>	Student Member
<input type="checkbox"/>	Website	<input type="checkbox"/>	Community Demonstration
<input type="checkbox"/>		<input type="checkbox"/>	Teacher
<input type="checkbox"/>		<input type="checkbox"/>	Other _____
PARENT SUPPORT			
<i>Team 302's success depends on parent support; this is a volunteer-based activity. Please indicate how you are interested in helping the team.</i>			
<input type="checkbox"/>	Bring in lunch for team on Saturdays during competition build	<input type="checkbox"/>	Help drive students to and/or from competitions (Jan.-Apr.)
<input type="checkbox"/>	Mentor (share your knowledge and experience with students)	<input type="checkbox"/>	Other _____
<input type="checkbox"/>		<input type="checkbox"/>	Coordinate a student activity (e.g., community outreach)
SIGNATURE			
By signing this application, you commit to the following:			
<ol style="list-style-type: none"> Collaboration – work toward what’s best for the total team; Together Everyone Achieves More Integrity – honor the commitments you make (meet deadlines/attend meetings); take responsibility for your actions Excellence – strive for greatness; no tradeoffs or short cuts on the road to success Agility – fully embrace innovation; be flexible and adaptable to change Diversity – celebrate differences in team members; recognize that differences made us stronger Involvement – acknowledge that team success is intertwined with the community we belong to 			
Applicant Signature:		Date:	
By signing this application, you give permission for your student(s) to participate in Team 302, and you acknowledge the time and financial requirements to the team. <u>Team dues are \$250/year/student (two sibling students' \$400/year) and due in full by December 15, 2016.</u> If your student qualifies for reduced fees, please contact Jim Stuef at James.Stuef@lok12.org .			
Parent/Guardian Signature:		Date:	

NEW MEMBER INTEREST SHEET

APPLICANT INFORMATION

Name: <i>(First/Last)</i>		Student ID:
Date:	Grade:	
Student of: <i>(Please underling or circle)</i>		
Lake Orion High School	Home School	Other: _____
Did you ever play with LEGOs growing up?	Yes	No
Have you participated in a <i>FIRST</i> LEGO League?	Yes	No
Have you ever taken things apart and put them back together? If yes, describe those items.	Yes	No
Have you done anything at home or at camp with electricity, chemistry, or software programming? If so, describe what.		
What things interest you about science or technology?		
Why are you applying to be on the LOHS Robotics Team?		
What will be the most exciting thing about being a part of the Robotics Team?		
Are your parents urging you to participate?		
What most interests you about being on the Robotics Team?		
What other activities will you participate in outside of Robotics?		
Will you be able to meet on Tuesday nights from 6:30-8:30 p.m. in the Fall and Winter?		
Will you be able to attend the two or three <i>FIRST</i> competitions in March and April as part of the team? <i>These are all-day Saturday and sometimes on Friday (excused from classes).</i>		
Would your parent be able to help mentor during team meetings?		
<i>Interviewer(s) Name:</i>	<i>Comments:</i>	