

Nora Frances Henderson Secondary School STEM Program Application

Legal Name: Name used:		ne used:	
(Surname)	(First)	(if different)	
Birthdate:			
YYYY/MM/DD			
Address:	Pho	one Number:	
Parent/Guardian Name:			
Parent/Guardian Name:			
Parent Email:			
Current School:		_	
Elementary Teacher Endorsem	nent: On a scale of 1-5	(5 being strongest)	
Aptitude for Math/Science	Collab	Collaborative skills	
Problem solving skills	Critica	Critical Thinking Skills	
Creativity	Intelle	Intellectual Curiousity	
Optional comments:			
Elementary Teacher Signature	:		
Parent Signature:	Date:		
Student Signature:			

A copy of the most recent report card should accompany this application. For any questions please contact Kevin Robinson at 905 389-2234 ext.233 Please send completed applications to kevrobin@hwdsb.on.ca