



Nora Frances Henderson Secondary School

STEM Program Application

Legal Name: _____ Name used: _____
(Surname) (First) (if different)

Birthdate: _____
YYYY/MM/DD

Address: _____ Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Parent Email: _____

Current School: _____

Elementary Teacher Endorsement: On a scale of 1-5 (5 being strongest)

- | | |
|------------------------------|-----------------------------|
| __ Aptitude for Math/Science | __ Collaborative skills |
| __ Problem solving skills | __ Critical Thinking Skills |
| __ Creativity | __ Intellectual Curiosity |

Optional comments:

Elementary Teacher Signature: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

A copy of the most recent report card should accompany this application.
For any questions please contact Kevin Robinson at 905 389-2234 ext.3417
Please send completed applications to kevrobin@hwdsb.on.ca