

| West Virginia Governor's School for Math and Science—Student Information | | | |
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| Please print clearly in black ink. If you cannot print clearly, please have someone else complete this form. Do not print in the colored boxes. They are for directions only. | | | |
| Full Name | | | |
| Last | | Suffix (Jr., Sr., III) | |
| First Name | Middle Initial | Nickname (first name you want on your name tag) | |
| Date of Birth (mm-dd-yyyy) | | Age | Student's Cell Phone Number while at GHA |
| | | | |
| Contact Information | | | |
| Street Address | | Home Telephone | |
| City | | E-Mail Address | |
| State and ZIP | | | |
| Gender (circle one) | | Adult T-Shirt Size (circle one) | |
| Male | Female | S | M L XL XXL |
| School | School District (County) | College Education Plans | |
| Name of High School | Name of School's County | Intended Major | |
| Publicity Release | | | |
| The undersigned hereby grant permission to the West Virginia Governor's Schools and West Virginia University to use identified photographs, video and audio recordings and press releases of the student for the purpose of publicity and other promotions including Internet publications. The student's name and address may be released to institutions providing educational excellence. | | | |
| Signature of Student | | Signature of Parent/Guardian | Date |
| Date | | Date | |
| Release from Liability | | | |
| The undersigned hereby release the West Virginia Governor's Schools, the West Virginia Department of Education and the Arts and West Virginia University from any and all claims arising from the undersigned student's participation in the WVGSMMS. | | | |
| Signature of Student | | Signature of Parent/Guardian | Date |
| Date | | Date | |
| Consent to Participate | | | |
| The undersigned student hereby acknowledges that I have read the entire Handbook for Students and Parents and that I agree to participate fully in the activities of the Governor's School for Mathematics and Science. I also agree to follow the rules set by the Academy dean. I fully understand that I am to wear my name tag at all times when I'm out of the dormitory. | | The undersigned parent/guardian hereby consents to my child's participation in the GSMS. I have discussed behavior expectations with my son/daughter, and I have read the accompanying handbook. I assume personal responsibility for any costs of medical attention or injuries my child may sustain. I am attaching a photocopy of my health insurance/hospitalization card. | |
| Signature of Student | | Signature of Parent | Date |
| Date | | Date | |