

Expeditions Personal Data Form

To be completed by parent or guardian. Complete and mail with applicant's and parent's materials as described in Application Procedures.

Applicant's name _____

Birthdate _____

School _____ Current grade _____

Parent or guardian _____

Home address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

E-mail _____

(to be used for Expeditions business use only)

Emergency contact _____ Phone _____

- Please send me information on before-class care.
- Please send me information about the noon van to OSU KidSpirit.
- Please send me information about possible bus transportation from out of town.

For New Applicants Only

Criterion a, b, or c must be verified by a TAG coordinator, school counselor, or school administrator. **Applications received without supporting evidence will not be processed.**

Indicate pertinent information:

Test Name: _____

National %ile: Cognitive Total _____ Date administered _____

Test Name: _____

National %ile: Math Total _____ Date administered _____

Test Name: _____

National %ile: Reading Total _____ Date administered _____

School representative's signature _____

Position _____

- Criterion d applicant: completed reference forms attached.
- Home school student: copy of most recent test results attached.