

**Homeschool Advanced Program Application**

Please address your envelope to Mote Marine Laboratory Homeschool Advanced Program, Attn: Dana Henderson. You may deliver your application to the front desk of the Laboratory, mail it to 1600 Ken Thompson Parkway, Sarasota, FL 34236 or email with HSD Advanced Application: Name of Student in the subject line to missdana@mote.org

**Applications are due by September 1, 2016**

**Student Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade in 2016/2017\_\_\_\_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_

**Parent and Guardian Information**

*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_*

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I support my child in their application for Mote’s Homeschool Advanced Program. I pledge to provide transportation to all meetings for my child and to drop my child off for the duration of the program. Note that this program is for students only, not families.*

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



*STUDENTS Please answer the following questions.*

**Why are you applying to the Mote Homeschool Advanced Program?**

1. **If you could be any marine animal, what would it be and why?**

*I understand that I am applying to be considered for admission into Mote’s Homeschool Advanced Program. I understand that this is a commitment of responsibility, time, energy, and enthusiasm and I will meet this commitment to the best of my ability. I further understand that my participation in group meetings and projects is part of my commitment, and if I fail to meet the participation guidelines, I will be asked to leave the program.*

**Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_**