

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Birth Date ____/____/____ Age _____

School Attending _____

Emergency Contact (Name) _____ Emergency Phone _____

How did you learn about the PACTS program?

What are your career aspirations/goals?

Are you involved in extracurricular activities in school? If so please list activities.

Are you interested in science? Yes No

If yes, please list the area(s) of interest. _____

Are you enrolled in a science course at school? Yes No

If yes, please list the name of the science course(s). _____

On average, what type of grades do you receive? _____

Do you have interest in attending college? Yes No

If yes, what field would you like to study? (if you are unsure, you may list the fields that interest you). _____

Additional Comments: _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I authorize my son/daughter to participate in the PACTS program. I grant permission to him/her to take part in activities held at the community center(s), Franklin Institute events, and field trips. I also understand that any behavioral misconduct from my son/daughter at the community center(s), Franklin Institute and field trips may result in dismissal from the PACTS Program.

Mail to:
Michael Burch
Director, Youth Programs
The Franklin Institute Science Museum
222 North 20th Street
Philadelphia, PA 19103-1194

Questions?
Call: 215.448.1399
or
E-mail: mburch@fi.edu