



Robotics Bootcamp Student Application

One teacher recommendation form is required to be accepted into the program.

Deadline is Thursday, February 15, 2024

PERSONAL DATA

MAKE SURE THIS APPLICATION FORM IS LEGIBLE. PLEASE COMPLETE IN PEN.

Student Information

Last Name	First Name	Middle Name
Address & City/Town		Postal Code
Home Phone	Cell Phone	Grade
School	Date of Birth (m/d/y)	
Email Address		

Parent/Guardian Information (if applicable)

Mother/Guardian Name	Work Phone
Address & City/Town (if different)	Postal Code
Mother/Guardian Email Address	
Father/Guardian Name	Work Phone
Address & City/Town (if different)	Postal Code
Father/Guardian Email Address	

Health Information

Doctor Name		Phone
Health Care No.		
Important Medical Information		
Name of 1 st Emergency Contact		
Day Phone	Evening Phone	
Name of 2 nd Emergency Contact		
Day Phone	Evening Phone	

Information Relevant to the Robotics Skills Boot Camps

1. Do you have experience in any of the following? (Check off all that apply)

- ☐ Computer Science 20
- ☐ Computer Science 30
- ☐ Robotics 20
- ☐ Robotics 30
- ☐ Electronics 10, 20A or 30B

2. Have you completed or currently taking the following high school courses?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Computer Science 20 | <input type="checkbox"/> Drafting 10 |
| <input type="checkbox"/> Computer Science 30 | <input type="checkbox"/> Drafting 20 |
| | <input type="checkbox"/> Drafting 30 |

3. What future plans do you have involving the IT industry?

4. In a paragraph explain why you believe you are a strong candidate to participate in the Robotics Skills Boot Camp.

Voluntary Self-Declaration:

☐ Person with a Disability ☐ Visible Minority ☐ Treaty/Registered (Status) Indian

☐ Metis Person ☐ Non-Status Indian ☐ Inuit Person

Please indicate the name of the teacher who is filling out the recommendation form on your behalf:

Please submit this application to:

Megan Unrau, SIEC Program Coordinator
Email to
megan@saskatooniec.ca