



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