### **University of Connecticut, School of Engineering**

### **Pre-Engineering Registration Form 2017-2018**

Online registration at: http://edoc.engr.uconn.edu/pep/ is preferred

## Registration Space is limited. Grades are capped at 30 students. Credit cards, money orders, checks are accepted. Please make checks payable to UCONN and male them to the Pre-Engineering address. \$60.00 Registration Fee for either FALL or SPRING SESSION \$100.00 for Entire Year-(FALL AND SPRING SESSION) (September to April) PERSONAL DATA: Name: \_\_\_\_ Middle Street City State Email: Parents/Guardian's Name: Relation (Mother, Father, etc.) Parent email address: Gender: ☐ Male ☐ Female Grade: ☐ 6th ☐ 7th Age: $\Box$ 10 $\Box$ 11 $\Box$ 12 $\Box$ 13 $\Box$ 14 □ 8th U.S. Citizen: Yes No Permanent Resident: Yes No Date of Birth (MM/DD/YY) \_\_\_\_\_ Ethnicity: Black Hispanic Middle Eastern Caucasian/White Asian Indian Native American Mixed Other \_\_\_\_\_(please indicate) Have you participated in PEP before? If so, please check which years you attended.

## Name of School: \_\_\_\_\_

2015-2016 2016-2017 No, this is my first time participating in PEP.

City/State

### **Pre-Engineering Transportation**

Do you plan on taking the bus?

SCHOOL INFORMATION:

- Yes; pick-up and drop-off at Carmen Arace Middle School
- Yes; pick-up and drop-off at East Hartford Middle School

#### PRE-ENGINEERING TRANSPORTATION/EMERGENCY WAIVER

To cont	act in case of emergency:	Name	Home Phone	Work Phone
Parent/0	Guardian:			
Relative	e/Friend:			
Family	Physician:	Ph	one:	
Special	medical conditions or diet restr	ictions for your ch	nild:	
Health	Insurance Company	MPORTANT!	Insurance	Membership #
STAT	EMENT OF CONSENT	:		
I give _	(Student's Name)		participate in the Pre-Eng to participate in field trips	ineering Program at the UCONN Storrs organized by the program.
In doing 1. 2. 3. 4.	named above cannot be reached I will arrange transportation for if he/she does not adhere to so. The school is not responsible for the school	ed.  or and pay all the end of th	expenses of returning my c d by the UCONN Pre-Eng s of property personally ow	
	Signature - Parent/Guardian	1	Date	
Pleas	money orders or chese make checks paya	Pre-Engineering Program 191 Auditorium Road U-3187 Storrs, CT 06269-3187		
\$6	0.00 Fall OR Spring session onl	ly 🔲 \$100.0	0 Fall & Spring sessions	

# PRE-ENGINEERING HEALTH/EMERGENCY WAIVER

1	waive all habinty of the University of Connecticut during
(Parent/Guardian)	
my son/daughterPrint Student's l	participation in the Pre-Engineering Program.
other hospital visits, accidents or illne	not be responsible for any costs related to emergency or any ess. As parent or legal guardian of the above student, I agree to rise during my son or daughter's participation in the Pre-
Parent/Guardian Name - (Please Print)	Date
Parent/Guardian Signature	