

Duke University

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DEPARTMENT OF COMPUTER SCIENCE
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Duke RoboCupJunior Application Form

Student Information

Name: _____

School: _____

School Phone: (_____) _____ - _____ Grade: _____

Birthdate: month _____ day _____ year _____

T-Shirt Size(Adult Sizes): XS S M L XL

Will you be participating in any activities that may conflict with the RoboCupJunior program? When? _____

Did you apply to this program last year? _____

Completion of the information in this box is *voluntary*. This information is used to determine how well the program serves all segments of the diverse population.

Gender: Male _____ Female _____ Individual with Disabilities? Yes ___ No ___

Ethnicity: African American ___ Asian American _____ Caucasian _____ Latino ___
Native American, Tribal Affiliation _____ Pacific Islander _____ Other _____

Please handwrite your answers the following questions in paragraph form.

Use extra paper if necessary;

What is your favorite class and why?:

What are your expectations for the program this year? How do you plan to contribute to your team this year in order to meet those expectations?

:

Parent/Guardian Information

Parent or guardian name: _____

Address: _____

Parent or guardian emergency contact phone number: _____

Parent or guardian email address: _____

I, the parent or guardian of _____ give her/him permission to attend the Duke University RoboCupJunior Program.

Print name and relationship: _____

Signature of parent or guardian: _____

Teacher Recommendation

Teacher name: _____

Teacher school: _____

Teacher subject(s): _____

Teacher phone: _____

Teacher email: _____

I, the teacher of _____ support her/his participation in the Duke RoboCupJunior robotics program. She/He will greatly benefit from the experience.

Comments: