

**Interdisciplinary Science and Research (ISR) Program
Academy of Global Health and Science
Hillsboro High School/Vanderbilt Center for Science Outreach
Application for Admission**

Please contact Dr. Joshua Swartz (josh.swartz@mnps.org with any questions)
Applications are to be returned to Hillsboro High School (Attn: Dr. Swartz).

Student Information

Legal Last Name	Legal First Name	Middle Name	Preferred Name
Mailing Address		City	Zip Code
Date of Birth	Current Age	Student Email Address	Gender : _____ Female _____ Male
Current School	Grade	Family Primary Contact Phone Number	

List other school(s) this student has attended over the last two years (also include approximate dates of attendance)

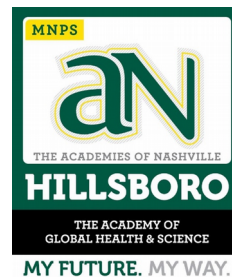
Parent/Guardian Information (If custody is shared, please indicate who has primary and secondary custody of the child)

Primary Contact:

First Name	Last Name	Primary Email Address	
Mailing Address (if different from applicant)		City	State Zip Code
Home Phone	Cell Phone	Relationship to Applicant	

Student Race/Ethnicity (check all that apply):

_____ Hispanic or Latino	_____ Black or African American
_____ American Indian or Alaska Native	_____ White
_____ Asian	_____ Other: _____
_____ Native Hawaiian or Pacific Islander	



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Student Name: _____

If accepted to the **ISR Program**, I agree to adhere to the following enrollment requirements:

- Attend each class/laboratory day and session as required, missing only for medical or emergency reasons.
- Maintain high achievement in all my coursework.

Student Signature

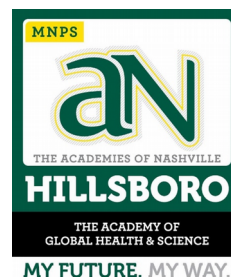
Date

- The undersigned agrees that the information furnished on this application form is accurate and forthcoming.
- I hereby grant permission and consent for my son/daughter to submit an application to the ISR Program. If accepted to the program, I understand that my child will need my full support and understanding to complete all the requirements.
- I, the undersigned parent/guardian, approve the release of my child's records to complete his/her application to the ISR Program. I understand that all information and materials of any kind received or prepared by anyone for this application shall be completely confidential.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date



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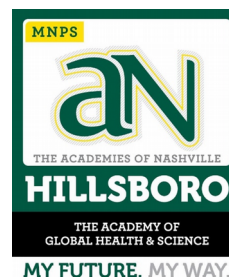
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Application Question

We are very pleased that you are applying to the Hillsboro High School Interdisciplinary Science and Research (ISR) Program and would like to get to know you better.

Please answer the following question on a separate sheet of paper, typed and double-spaced. If this is not possible, you may submit a legible, handwritten answer. Give consideration to grammar and spelling.

- Describe why you would like to participate in the **ISR** Program.



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