

Registration Form
Exploring Mathematics
Summer 2019

Exploring Mathematics is a five-day workshop for high school students that meets from 1:00 to 4:00 daily in Kemeny Hall at Dartmouth College. We are offering two sessions this summer. Session 1 will be from July 22nd through July 26th. Session 2 will be from August 5th through August 9th. The workshop is sponsored by the Mathematics Department at Dartmouth and is supervised by Professors Jody Trout and Mitsuo Kobayashi. Algebra 1 is a prerequisite for this program.

The workshops are videotaped to allow the workshop instructors to review the day's activities to prepare for the next session and to improve their own teaching. We may also wish to use photos or videos in teacher preparation workshops or in program publicity. If you do not want pictures including your child used in this way, please initial the appropriate line on the registration form.

Please use the comments section of the registration form to tell us anything we should know about your child, such as dietary needs (snacks may be served) or handicapped access needs (Kemeny Hall is fully accessible).

Please send the completed form with a check made payable to "Dartmouth College" for \$20.00 (\$40.00 for both sessions) to:

Exploring Mathematics
Dartmouth College
Department of Mathematics
6188 Kemeny Hall
Hanover, NH 03755-3551

Name of Student _____ Age _____

Address _____

Grade level student will be in High School in September: _____

Please list math courses student has taken, beginning with first algebra course.

Session 1, July 22 – 26 _____

Session 2, August 5 – 9 _____

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I approve of my child enrolling in this workshop.

Signature of Parent (Parental permission is required).

Date

Printed Name of Parent

Phone Number in case of emergency _____

E-mail contact if available _____

Videotapes of all workshop sessions will be reviewed by instructors and faculty supervisors. Pictures taken during workshop(s) that include recognizable images of my child may be used for other educational or publicity purposes (please initial).

Yes: _____ No: _____

Does your child have any food allergies or special needs:

Comments:

If you have attended a previous Exploring Mathematics Session please tell which summer/session and the topic(s).

