



StFX-AARMS-CMS Math Camp Nominations

Welcome to our Form

Student's First Name *	<input type="text"/>	Student's Last Name *	<input type="text"/>
Preferred Name	<input type="text"/>	Preferred Gender Pronoun	<input type="text"/>
Age (in years only) *	<input type="text"/>	Gender	<input type="text"/>
Student's Email (ensure this is correct) *	<input type="text"/>	Health Card/Health Insurance Expiry Date (use the format YYYY-MM-DD) *	<input type="text"/>
Allergies (if any)	<input type="text"/>	Other Concerns (if any)	<input type="text"/>
Address *	<input type="text"/>	Town/City *	<input type="text"/>
Province *	<input type="text" value="▼"/>	Postal Code *	<input type="text"/>
T-Shirt Size *	<input type="text" value="▼"/>		

Completion of the field below is voluntary. The information collected will assist in the efforts of making the StFX-AARMS-CMS Math Camps inclusive. Self-identification data provides evidence and rationale needed to properly address disadvantages in accessing resources by members of racialized communities. Please self-identify (e.g., Mi'kmaq, First Nations, African Nova Scotian, African Canadian).

Self-Identification Question (Optional).

Parent/Guardian's First Name *	<input type="text"/>	Parent/Guardian's Last Name *	<input type="text"/>
Parent/Guardian's Phone (xxx-xxx-xxxx) *	<input type="text"/>	Parent/Guardian's Email (leave blank if none)	<input type="text"/>

Other Emergency Contact First Name *	<input type="text"/>	Other Emergency Contact Last Name *	<input type="text"/>
Other Emergency Contact Phone (xxx-xxx-xxxx) *	<input type="text"/>		

Teacher's First Name *	<input type="text"/>	Teacher's Last Name *	<input type="text"/>
Teacher's Email *	<input type="text"/>	Teacher's Phone (xxx-xxx-xxxx)	<input type="text"/>
School Name *	<input type="text"/>	School Board *	<input type="text" value="▼"/>
Current Grade of Student *	<input type="text"/>	Current Grade Math Mark(%) *	<input type="text"/>

Recommendation (rank students if you nominate more than one student) *

Use the link below to upload the completed, signed, and witnessed INFORMED CONSENT, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT.

Upload Consent Form *

[Reset](#)

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