



BIOS
BERMUDA
INSTITUTE
OF OCEAN
SCIENCES



Last Name Printed: _____

_____ April 12-19th

_____ July 2-9th

_____ Either

Application

Subtropical Environments

Bermuda

Full Name _____

Street Address _____

City, State, Zip _____

Telephone _____ Parents' names: _____

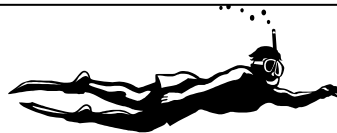
Parents' cell _____ Parents' email _____

Student's cell _____ Student's email _____

Parents' work telephone numbers _____

School _____ Grade _____ Gender _____

Guidance counselor _____ Science teacher _____



ON A SEPARATE SHEET OF PAPER

In paragraph form using a word processor write the following:

- one paragraph about *what you hope to accomplish by taking this course*
- second paragraph tell *what personal attributes you possess which would make you a productive member of this class.* (Do not exceed one page.)

Attach with a paper clip:

- \$500 check made out to **Amity High School -Bermuda**
- this sheet
- your typewritten piece
- overnight school permission forms
- medical information sheet
- photo release form

Return by **Friday, October 28th**
to:

- Mrs. Cournoyer—Science Room 271
- Mrs. Nevolis—Science Room 274