



## TechGirlz 2009

A career exploration program for deaf and hard-of-hearing girls entering 7<sup>th</sup>, 8<sup>th</sup> or 9<sup>th</sup> grade

### Registration Form

**Registration Deadline: May 31, 2009**

#### Student Information (Please print clearly)

Student's Name \_\_\_\_\_

Date of Birth (mo/day/yr) \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone:  Voice  TTY (\_\_\_\_\_) \_\_\_\_\_

Cell/Pager: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Adult Lab Coat Size: \_\_\_\_\_ small \_\_\_\_\_ medium \_\_\_\_\_ large

#### School Information (Please print clearly)

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Will you be entering 7<sup>th</sup>, 8<sup>th</sup> or 9<sup>th</sup> grade in fall 2009?  Yes  No

Teacher's Name \_\_\_\_\_

Teacher's Phone:  Voice  TTY (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ Teacher's Subject area: \_\_\_\_\_

Teacher's E-mail Address \_\_\_\_\_

#### Parent/Guardian Information (Please print clearly)

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone:  Voice  TTY (\_\_\_\_\_) \_\_\_\_\_

Work Phone:  Voice  TTY (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell/Pager: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian's E-mail Address \_\_\_\_\_

What language does your family use at home? \_\_\_\_\_

Do you have a hearing loss in both ears?  Yes  No

**Communication Preference** (Please check one)

- Speech and lipreading. I do not use sign language.
- Speech and sign language.
- American Sign Language only.

I require an FM System  Yes  No

**Optional Information**

(If you wish to be identified with a particular ethnic group, please check the appropriate one.)

- African American, Black       Asian American       Native American, Alaskan Native
- Hispanic, Latino       Native Hawaiian, Pacific Islander       White, Caucasian
- Other \_\_\_\_\_

**How did you first find out about the TechGirlz program?**

- Received information from NTID
- Saw the advertisement or article in \_\_\_\_\_ (Name of magazine or other publication)
- Found out about it from my school counselor or teacher
- Found out about it from a friend or family member
- Read about it online
- Other \_\_\_\_\_

**Please send all information to:**  
**Program Coordinator**  
**TechGirlz Program**  
**Rochester Institute of Technology**  
**National Technical Institute for the Deaf**  
**52 Lomb Memorial Drive**  
**Rochester, New York 14623-5604**

**If you have any questions, please contact us:**

Voice/TTY: 585-475-7695  
Fax: 585-475-7460  
E-mail: TechGirlz@ntid.rit.edu

**Sessions have enrollment limits. Register now!**

**This form is for registration for the TechGirlz Summer Program only.**