

**TEACHING EXCELLENT SCIENCE AND MATHEMATICS:  
Institute for New Math Teachers (Grades 6-12)  
August 4 - 8, 2008**

**Registration Form**

**Check one:**

*Math Institute*       *High School*  
                                   *Middle School*

Name (please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

*(Please Respond) How did you hear about our institutes? \_\_\_\_\_*  
*(Please provide name and title of administrator who informed you of this institute, if applicable.)*

**CURRENT SITUATION:**

\_\_\_\_\_ Student at: \_\_\_\_\_

\_\_\_\_\_ Full time teacher at: \_\_\_\_\_

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

Degrees	Institution	Major/Degree	Date
College			
Graduate			

**CERTIFICATION:**

Please indicate below the teaching certification you currently have (*or expect to receive*) and the date you obtained (*or will obtain*) that certification.

Certification	Date	Certification	Date
Science, K - 12		Alternate Route	
Math, K - 12		Other (please specify)	
K - 8			

**PROFESSIONAL BACKGROUND:**

Please list in reverse chronological order any teaching positions you have held.

School	Dates		Grade Level/Subjects Taught
	From	To	

Do you have a position for the 2008 - 2009 academic year?    Yes \_\_\_\_\_    No \_\_\_\_\_

If so, please indicate:    **Grade Level** \_\_\_\_\_

**Name of School District:** \_\_\_\_\_

**County:** \_\_\_\_\_

School NAME &Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Urban \_\_\_\_\_ Suburban \_\_\_\_\_ Rural \_\_\_\_\_

**What percentage of students in your school receive free or reduced lunch?**    \_\_\_\_\_ %

**Is your school certified as a Title I school?**    (Y/N) \_\_\_\_\_

*(If you are unsure of the responses to the two questions above, please check with your supervisor or principal. We require this information for reporting purposes.)*

**If teaching Special Education: At what grade level do you target your instruction?** \_\_\_\_\_

In the table below, **please list the MATH COURSES YOU WILL BE TEACHING next year.** (Include grade level.) In the far left column, indicate your first (1) and second (2) choices for in-depth coverage in the institute.

	1.	
	2.	
	3.	
	4.	

**Do you use computers in your classroom? \_\_\_\_\_ If yes, how many and what type of computers are in your classroom?**

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**Do you use calculators in your classroom? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_**

**NEEDS & EXPECTATIONS** (Please attach additional pages, if necessary)

What themes/topics/issues would you like to have addressed during the Institute? \_\_\_\_\_

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**ACCOMMODATIONS:**

*The Institute schedule is expected to begin at about 8:00 a.m. and continue until about 8:00/8:30 p.m. each evening except Friday.* Participants will be housed (cost included in Institute fee) at a hotel (double-occupancy) near campus, Monday through Thursday. For an additional cost, a limited number of single-occupancy rooms are available on a first-come, first-served basis. *If you would like to request a single room or if you do not require lodging at the hotel, kindly call Kerstin Schnatter at 732-445-0841 prior to July 14, 2008. After July 14<sup>th</sup> we may not be able to honor any special requests.*

*For the purpose of assigning hotel roommates, please circle: I am --- male / female .*

**METHOD OF PAYMENT: (Cost is \$1,795.00 per participant.)**

\_\_\_\_\_ I have enclosed a **personal check**.

\_\_\_\_\_ I have enclosed a **check from my district**.

\_\_\_\_\_ I have enclosed a **copy of the purchase order** (#\_\_\_\_\_).

*If your school district will be paying for the institute, please have your supervisor or principal sign off on this application:*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name and title)

**GRADUATE CREDIT:** *You will receive information about graduate credit with your acceptance package. Three graduate credits in education are available in conjunction with the institutes. Tuition is \$640.85 for New Jersey residents and \$891.90 for out-of-state residents. There will be an informational meeting about graduate credit during one evening of the institute week.*

Applicant Signature \_\_\_\_\_

**Fees for this program pay only direct costs of the program. This is a NON-PROFIT Institute.**

Please return this registration form and other correspondence to:

**CMSCE-NTI  
118 Frelinghuysen Road  
SERC Room 221  
Piscataway, NJ 08854  
ATTN: Kerstin Schnatter**