



***What? A club focusing on investigations and experiments!***

**Who?** Limited to 20 4<sup>th</sup>/5<sup>th</sup> graders who are talented, interested, and motivated by science.

**When?** Mondays

9/23, 9/30, 10/7, 10/21, 11/4, 11/11, 11/25, 12/2, 12/9, 12/16, 1/6, 1/13, 2/3, 2/10, 2/24, 3/2, 3/9, 3/16, 3/23, 4/6

**Where?** Room 26

**Time?** 2:20-4:00PM

Please arrive at Schneider at 4:00PM for pick up.

Mrs. Bonifas



**Schneider Elementary  
304 Banbury Rd.  
North Aurora IL 60542  
September 2019**

Dear Parents/Guardians,

We are excited to announce that the Illinois Mathematics and Science Academy (IMSA) is continuing to partner with the **Schneider Elementary School** to sponsor **IMSA FUSION**. This after-school math/science enrichment program is for 4<sup>th</sup> and 5<sup>th</sup> grade students who are talented, interested, and motivated in science and mathematics. The program will involve a commitment to attend sessions after school from **2:20-4:00 p.m. on most Mondays**.

Your son or daughter may apply for participation. **Twenty students from grades 4-5** will be selected. Student selection will be based upon the following criteria:

Teacher recommendation;

Classroom academic performance;

Performance Series Math scores from last spring or the beginning of this year;

A student essay stating interest in Math, Science, and the program.

The program involves exploring, planning, and carrying out scientific investigations and explorations. The format is hands-on, focusing on math, science, and engineering.

Students should give the teacher recommendation to the teacher of their choice on Friday, September 6<sup>th</sup> for him or her to fill out. Completed applications with parent signatures and essays must be returned to your student's homeroom teacher or Mrs. Bonifas by **Friday, September 13<sup>th</sup>** for consideration. Students will be notified of acceptance into the program by the end of the following week.

If you have any questions please feel free to contact me.

Sincerely,

**Rorry Bonifas**

[rbonifas@sd129.org](mailto:rbonifas@sd129.org)

630-801-6426



\* Return to Mrs. Bonifas

**STUDENT ENROLLMENT FORM 2019-2020**

*(Please Print)*

Name of Site School: \_\_\_\_\_ Fusion Teacher Name: \_\_\_\_\_

Current Grade in School: 4 5 6 7 8 Year in IMSA FUSION: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>  
*(Circle one)* *(Circle one)*

Name: \_\_\_\_\_  
First Last

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Ethnic/Race Background:**

Are you Hispanic? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your Race? (Select one or more races from the following groups)

\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Native Hawaiian or other Pacific Islander  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ White

Name(s) of parent(s) or legal guardian with whom you live:

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent Email: \_\_\_\_\_

School Name (if other than site school): \_\_\_\_\_

Photos and video taped images may be taken of students participating in IMSA Fusion activities. These may be used for educational publicity purposes. Please check the box and sign below if you do NOT want your student's images published.

Do not publish images of my student. Parent (Guardian) Signature \_\_\_\_\_

If my child is selected for participation in IMSA Fusion, I agree to ensure his or her consistent attendance in all scheduled activities. Transportation to and from the site will be my responsibility.

Parent (Guardian) Signature: \_\_\_\_\_ Date \_\_\_\_\_

# \* Return to Mrs. Bonifas

Name \_\_\_\_\_

Please answer the questions below:

Why do you want be in IMSA Fusion?

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What do you think you will learn in IMSA Fusion?

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Why do you like math and science?

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How do you feel about working with others on a team?

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**TEACHER RECOMMENDATION FORM**

Name of Site School: **Schneider Elementary School**

Legal Name of Applicant: \_\_\_\_\_

**The student's science or mathematics teacher should answer the following questions.**

Name of teacher completing this form: \_\_\_\_\_

School: \_\_\_\_\_ Schneider Elementary School \_\_\_\_\_

Subject(s) taught: \_\_\_\_\_ Length of time you have known this student: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

How would you describe this student's...

1. intellectual curiosity

Exceptional		Average		Poor
5	4	3	2	1

2. creativity

5	4	3	2	1
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3. leadership

5	4	3	2	1
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4. classroom performance and preparation

5	4	3	2	1
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5. ability to work in group situations

5	4	3	2	1
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6. ability to work independently

5	4	3	2	1
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What is this student's interest level...

7. in studying science

5	4	3	2	1
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8. in studying mathematics

5	4	3	2	1
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In your opinion what is the student's ability...

9. in science

5	4	3	2	1
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10. in mathematics

5	4	3	2	1
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Please use the back of this page to provide any additional information that should be considered when evaluating this student for participation in the IMSA FUSION after-school enrichment program.

Teacher's signature \_\_\_\_\_