

Mount Olive Ministries  
302 North Main Street  
Post Office Box 875  
Mount Olive, Mississippi 39119  
(601) 797-4377  
www.mtoliveministries.com - email: mominfo@bellsouth.net

**Application for Rural Robotic Program Class (check one)**

**Robotics I**    **Robotics II**    **Robotics III**    **Summer Robotics**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Birthday (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_ Current Age \_\_\_\_\_ Sex \_\_\_\_\_

**Educational Information**

Name of school \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Grade \_\_\_\_\_

Performance Level in (circle letter grade):

Math ( \_\_\_\_\_ )                      A B C  
                    Class Name

Science ( \_\_\_\_\_ )                      A B C  
                    Class Name

English ( \_\_\_\_\_ )                      A B C  
                    Class Name

M.A.P.P. S. Student Test Scores (optional) \_\_\_\_\_

**Parent/Guardian Information**

Father's/Guardian Name \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Parent Information (Continued)**

Telephone \_\_\_\_\_

Father's Cell \_\_\_\_\_ Email \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Email \_\_\_\_\_

**Church Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Website \_\_\_\_\_

Pastor's Name \_\_\_\_\_

**Permission/Release Information**

I, \_\_\_\_\_, give my permission for  
Parent/Guardian's Name  
\_\_\_\_\_ to participate in the Mount Olive  
Child's Name

Ministries' Robotics Program (Rural Robotics Institute). In case of an emergency I can be reached at \_\_\_\_\_, and I give the doctors permission to treat my child as necessary.

Emergency contact number (s): \_\_\_\_\_

I will not hold Mount Olive Ministries responsible for any injuries sustained while my Child is participating in this program.

\_\_\_\_\_  
Parent/Guardian Signature Date

I, \_\_\_\_\_, give my permission for my child's  
Parent/Guardian's Name  
\_\_\_\_\_ M.A.P.P.S. test scores to be released  
Child's Name

by my child's school to Mount Olive Ministries for the purpose of tracking academic progress of my child and for encouraging and directing my child academically as necessary.

\_\_\_\_\_  
Parent/Guardian Signature Date