



Science and Technology Magnet High School
of Southeastern Connecticut
490 Jefferson Avenue
New London, CT 06320-2592
(860) 437-6496

Web Site: www.nlstmhs.org
Email: nlstmhs@newlondon.org

STUDENT APPLICATION

Application for the _____ school year.

Last Name: _____ First Name: _____ M.I. _____

Gender: _____ DOB: _____ Age: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work or Cell Telephone: _____

Parent Email Address: _____

Current School Attending: _____ Grade: _____

School Address: _____

Student's Interests (please check one or both):

- Science
- Technology

Are you eligible for free lunch? _____ yes _____ no

Are you eligible for reduced-price lunch? _____ yes _____ no

Race:

Is the student Hispanic/Latino? _____ yes _____ no

Is the student from one or more races using the following (choose all that apply):

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Print Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Please mail, fax or bring completed application to:

STMHS
490 Jefferson Avenue
New London, CT 06320
Fax 860.439.7774