



## Introduction to AV Technology

CSTO's Square Tech Program **FALL** Application  
**THIS APPLICATION MUST BE RETURNED BY SEPTEMBER 11, 2019**

How did you hear about our program? ☐ Flyer ☐ Website ☐ Teacher/School ☐ Friend or Family

Are you a Castle Square resident? ☐ Yes ☐ No

### General Information

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Other

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Cell phone number: \_\_\_\_\_ (can you text ☐ Yes ☐ No)

Are you a resident of Castle Square ☐ Yes ☐ No

Neighborhood:

- |   |                                       |   |   |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Allston/Brighton | <input type="checkbox"/> Back Bay     | <input type="checkbox"/> Charlestown      | <input type="checkbox"/> Chinatown        |
| <input type="checkbox"/> Downtown         | <input type="checkbox"/> East Boston  | <input type="checkbox"/> Fenway           | <input type="checkbox"/> Hyde Park        |
| <input type="checkbox"/> Jamaica Plain    | <input type="checkbox"/> Mattapan     | <input type="checkbox"/> North Dorchester | <input type="checkbox"/> North End        |
| <input type="checkbox"/> Roslindale       | <input type="checkbox"/> Roxbury      | <input type="checkbox"/> South Boston     | <input type="checkbox"/> South Dorchester |
| <input type="checkbox"/> South End        | <input type="checkbox"/> West Roxbury | <input type="checkbox"/> Other            |   |

RACE / ETHNICITY (Choose which group best describes your child)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Black (Non-Hispanic) | <input type="checkbox"/> Cape Verdean           | <input type="checkbox"/> Haitian                   |
| <input type="checkbox"/> Hispanic             | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Asian                  | <input type="checkbox"/> American Indian / Alaskan |
| <input type="checkbox"/> African American     |   | <input type="checkbox"/> Other                     |

Primary Language Spoken at home \_\_\_\_\_ Do you speak English ☐ Yes ☐ No

School Attending \_\_\_\_\_ Current Grade \_\_\_\_\_

Do you have general knowledge of computer hardware? ☐ Yes ☐ No

Do you have general knowledge of computer parts? ☐ Yes ☐ No

Do you have general knowledge on how to network two computers? ☐ Yes ☐ No



Select two of the following questions and write short responses for each. Answers must be at least 200 words and legibly written or typed.

- Why are you interested in participating in our program?
- What would you change in order to improve your community, and why?
- What would you change about your school, and why?
- What is the most challenging thing about being a teenager?

**SIGNATURE (To be signed by all parent/guardian and applicants)**

With my signature, I certify that the information I have provided about my academic and personal history is accurate and complete. I understand that it is my responsibility to submit a completed application by the stated deadline. Failure to do so may result in my application being withdrawn without review.

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APPLICANT'S SIGNATURE

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DATE

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PARENT'S/LEGAL GUARDIAN'S SIGNATURE  
(Required for applicants under the age of 18)

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DATE