

Science, Engineering, Mathematics & Aerospace Academy (SEMAA) Saturday Enrollment Form

Please read and complete this application carefully. Incomplete applications will be returned.

Date ____/____/____

Session *(Please Check One)*

Fall 2008 (Grades K-8)
 Winter 2009 (Grades K-12)
)
 Spring 2009 (Grades K-12)

Student Name: _____
(Last)
(First)
(Middle Initial)

Address: _____
(Number & Street)
Apartment #

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Home Telephone: _____
(Please include Area Code)
 Age: _____ Gender: Female Male

Student's Date of Birth: ____/____/____

Ethnicity:
 African American
 Hispanic
 Native American
 Caucasian
 Please Check One:
 Asian
 Pacific Islander
 Other *(Specify)* _____

Grade: _____ School District: _____ School Name: _____

School Type:
 Urban Public
 Urban Private
 Home School
 Magnet School

 Suburban Public
 Suburban Private
 Rural
 Charter School

School Class:
 K-8 School
 Elementary
 Middle
 High School

How would you describe your student's basic skill level?
 Weak
 Average
 Above Average

When did the student last participate in SEMAA?
 New Participant
 Winter 2008
 Spring 2008
 Summer 2008
 Fall 2007
 Other

If you checked "other", please list the most recent dates attended: _____

Has the student participated in any other NASA or science/technology related programs? If yes, please list program name(s) and year(s) of attendance.

1. Please list any known health problems (such as allergies, diabetes, heart trouble, epilepsy or asthma, etc...) that we should be aware of _____
2. Does your child have any invisible disabilities, such as dyslexia? If yes, please explain

3. Please list any physical activities that your child should not participate in _____
4. Please list any food that your child should not eat _____
5. Please list any religious restrictions regarding what can be done for your child in emergencies/health care situations.

Does the student qualify for free or reduced lunch?
 Yes
 No

Has either parent obtained a bachelor's degree?
 Yes
 No

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In Case of Emergency...

If special accommodations are required for this student, please explain _____

Consent **is granted** to the staff of the SEMMA program to provide medical services through the appropriate medical facilities and/or medical service provided (s) to
(Student Name): _____, throughout my child's participation in the SEMMA Program.

(Signature of Parent or Guardian)

(Date)

Consent **is not granted** to the staff of the SEMMA program to provide medical services through the appropriate medical facilities and/or medical service provided (s) to
(Student Name): _____, throughout my child's participation in the SEMMA Program.

(Signature of Parent or Guardian)

(Date)

Emergency Contact (other than parent): _____
(Last) (First) (Relationship to Student)

Daytime Telephone: () _____ Home Telephone: () _____

Parent/Guardian Information: _____ (Please Print)

Parent/Guardian Name(s): _____
(Last) (First) (Middle Initial)

Daytime Telephone: _____ Best time to call: _____

I, _____ (Parent/Guardian) do hereby release and discharge this SEMMA site, Cuyahoga Community College, the NASA Glenn Research Center, the SEMMA program, its board members, administrators and agents from any and all claims, present and future, known and unknown, due to, or arising from, in any manner of my daughters/son's participation in the program and/or related activities sponsored by the SEMMA program. I have read, or someone from the SEMMA program has read and explained the information contained on this form to me. I willingly agree, and give my consent to let SEMMA enter data about my child and me into their compute information system. I also give my permission for my child to be photographed, and allow SEMMA to release any and all pictures for publicity purposes only.

Parent/Guardian: _____
(Please Print) (Signature) (Date)

How did you hear about the program? Flyer Radio TV Newspaper Magazine Classroom Visit
(check all that apply) Word of Mouth Student's School Church Other _____
(Please Specify)

Why did you decide to enroll your student(s) in the SEMMA Program? _____

Will the student be riding in the same car with others who applied to this program? If so, please list their names:

Did you remember to: (1) Select a session? (2) Complete all sections of the application, including emergency contact information and parent/guardian signature?

Applications must be faxed/postmarked by the application deadline.

Please send completed application to:

SEMMA Program – Cleveland Office
3740 Carnegie Avenue – 2nd Floor
Cleveland, Ohio 44115-2176

Office # (216) 987-6301 Fax # (216) 987-6308

