

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

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Session *(Please Check One)*

A July 27-July 31, 2009  
9:00 a.m.—12 Noon

B August 3- August 7, 2009  
9:00 a.m.—12 Noon

C August 3- August 7, 2009  
1:00 p.m.—4:00 p.m.

Student Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Number & Street) Apartment # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_Female \_\_\_Male  
(Please include Area Code)

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Grade as of July 2009: \_\_\_\_\_

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

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.

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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

# Science, Engineering, Mathematics & Aerospace Academy (SEMMA) Summer Enrollment Form

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 – 2<sup>nd</sup> Floor  
Cleveland, Ohio 44115-2176

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

