



NASA Science, Engineering, Mathematics and Aerospace Academy (SEMAA) Summer 2010 Session Application: Oglala Lakota College

Student last name:	First name:	Middle initial:											
Permanent home address:	Apt. no.:												
City:	State:	ZIP code:											
Date of birth _____ Month/Date/Year (e.g., 11/23/1985)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male												
Academic level as of Fall 2010	Name of school _____												
<input type="checkbox"/> K	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th	<input type="checkbox"/> 5th	<input type="checkbox"/> 6th	<input type="checkbox"/> 7th	<input type="checkbox"/> 8th	<input type="checkbox"/> 9th	<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th	
Has the student previously attended SEMAA?				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many previous sessions? _____									

Has this student participated in any other NASA sponsored activity? Yes No ✓ Check all that apply:

<input type="checkbox"/> Amateur Radio on the International Space Station (ISS)
<input type="checkbox"/> Contest/competitions (e.g., FIRST Robotics, Great Moonbuggy Race, Exploring Space Challenge, etc.)
<input type="checkbox"/> Distance learning activities through the Digital Learning Network (DLN)
<input type="checkbox"/> Interdisciplinary National Science Program Incorporating Research and Education Experience (INSPIRE)
<input type="checkbox"/> ISS EarthKAM
<input type="checkbox"/> Mars Student Imaging Project (MSIP)
<input type="checkbox"/> MATHCOUNTS
<input type="checkbox"/> NASA Explorer Schools (NES)
<input type="checkbox"/> NASA Shadowing/Mentoring Activities and Internships
<input type="checkbox"/> Reduced Gravity Student Flight Opportunities Program (specify activity)
<input type="checkbox"/> Other (list any other programs, projects, or activities)

Are any children living with the student also applying for the SEMAA Summer 2010 Session? Yes No
If yes, please indicate their name, birthdate, and academic level (Fall 2010) below.

Note: you must still complete a separate application for each child applying to SEMAA

Name of other child _____ Academic level as of Fall 2010
applicant

Name of other child _____ Academic level as of Fall 2010
applicant

Name of other child _____ Academic level as of Fall 2010
applicant

Please use the space below to list any additional children applying for SEMAA this year.

Parent/guardian last name: _____			Parent/guardian first name: _____		
Telephone no.: ()		Alternate telephone no.: ()			
Permanent e-mail address (optional): _____			Alternate e-mail address (optional): _____		
Emergency contact (other than parent)		Last name: _____		First name: _____	
Best time to call: _____		Telephone no.: ()		Alternate telephone no.: ()	
Relationship to student: _____					

Please list any physical, academic, or other accommodations that your child may require in the classroom or lab.

Please list any known health problems (allergies, diabetes, asthma, epilepsy, heart trouble, etc.) your child has.

Please list any dietary needs or restrictions for your child.

To determine which members of each ethnic/racial group are reached by this program, NASA requests the information below. Submission of this information is **VOLUNTARY** and will not be available when considering this application.

Student ethnic background (check appropriate box)

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African-American
<input type="checkbox"/> Hispanic/Latino(a)	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White (Non-Hispanic)
<input type="checkbox"/> Other		

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

How did you hear about SEMAA? (check all that apply)

<input type="checkbox"/> Classroom visit	<input type="checkbox"/> Flyer/brochure	<input type="checkbox"/> Magazine
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Religious Institution
<input type="checkbox"/> Student's school	<input type="checkbox"/> Television	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Other (please specify): _____		

I, _____ (Parent/Guardian), do hereby release and discharge National Aeronautics and Space Administration (NASA), the National SEMAA Office, this SEMAA site, members, administrators and agents from any and all claims, present and future, known and unknown, due to, or arising in any manner from, my child's participation in the project or related activities sponsored by SEMAA. I have read or someone from the SEMAA project has read and explained the information contained in this form to me. I willingly agree and give my consent to let SEMAA enter data about my child and me into its computer information system. I hereby grant to the National Aeronautics and Space Administration (NASA) and others acting on its behalf, the right to record my child and his/her voice using audio, photographic, video, or other such techniques; to include my child's name, likeness, voice and biographical material in connection with these recordings; to use, reproduce, distribute, and exhibit such recordings in any and all media throughout the world without limitation; and to authorize others to do so, for any purpose which NASA and those acting pursuant to its authority, deem appropriate.

I hereby waive all rights of any nature in such recording(s) and the exhibition thereof. It is understood that this grant is provided at no cost to the Government and that no compensation of any kind shall be due or expected.

In case of an emergency, consent is granted to the staff of SEMAA to provide medical services through the appropriate medical facilities and/or medical service providers to my child, _____

Parent/guardian name (print): _____

Parent/guardian signature: _____ Date: _____