National Aeronautics and Space Administration

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

STUDENT INFORMATION		
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: ❑ Female ❑ Male Name of school_____	
Academic level as of Fall 2010	❑K ❑1st ❑2nd ❑3rd ❑4th ❑5th ❑6th ❑7th ❑8th ❑9th ❑10th ❑11th ❑12th	

Has the student previously attended SEMAA? ❑ Yes ❑ No If yes, how many previous sessions? _____

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

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

OTHER CHILDREN ALSO APPLYING FOR SEMAA THIS YEAR

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 applicant	Date of birth	Academic level as of Fall 2010
Name of other child applicant	Date of birth	Academic level as of Fall 2010
Name of other child applicant	Date of birth	Academic level as of Fall 2010

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

PARENT INFORMATION		
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:		

SPECIAL NEEDS or ACCOMMODATIONS (Use back of page if more room needed)
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.

ADDITIONAL INFORMATION (Optional)		
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 <u>will not</u> be available when considering this application.		
Student ethnic background (check appropriate box)		
❑ American Indian/Alaska Native	❑ Asian	❑ Black/African-American
❑ Hispanic/Latino(a)	❑ Native Hawaiian/Pacific Islander	❑ White (Non-Hispanic)
❑ Other		
Does the student qualify for free or reduced price lunch? ❑ Yes ❑ No		
How did you hear about SEMAA? (check all that apply)		
❑ Classroom visit	❑ Flyer/brochure	❑ Magazine
❑ Newspaper	❑ Radio	❑ Religious Institution
❑ Student's school	❑ Television	❑ Word of mouth
❑ 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: _____