



Warren County Schools NASA SEMAA
In Partnership with NASA MUREP AEROSPACE PROGRAM @ ECSU
Summer 2018 Summer STEM Grades K-12 Camp Session Application

Select Only One (1) Camp: *All taking place at Warren County HS Each day from 8am to 1:30pm*
Camp One-6/11-15/18 [] Camp Two-6/18-22/18 [] Camp Three-6/25-29/18 []

PLEASE PRINT ALL ANSWERS

STUDENT INFORMATION

Last Name: _____	First Name: _____	Middle Initial: _____
Home Address: _____		
City: _____	State: _____	Zip Code: _____
Date of Birth: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male School: _____ MM/DD/YYYY e.g., 11/23/1985		
Current Grade Level (not the Grade Passed to): <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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) _____		

PARENT INFORMATION

Parent Last Name: _____	Parent First Name: _____
Telephone No.: (____) _____	Alternate Telephone No.: (____) _____
Email Address (optional): _____	Alternate Email Address (optional): _____
Emergency contact (other than parent)	
Last Name: _____ First Name: _____	
Telephone No.: (____) _____ Alternate Telephone No.: (____) _____	
Relationship to student: _____	

Please Turn Over and Complete

SPECIAL NEEDS OR ACCOMMODATIONS FOR 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.

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 will not 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/Caucasian (Non-Hispanic)
 Other (Please Specify): _____

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, ECSU, National Aeronautics and Space Administration (NASA), the National SEMAA Office, this SEMAA site, members, administrators, Board of Trustees 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 ECSU, 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 ECSU, NASA SEMAA and those acting pursuant to their 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: _____

Please check here ___ and return the completed application by June 08, 2018 to Warren County High School or mail to the following:

**Mr. Jerome Williams
Warren County SEMAA
149 Campus Drive
Warrenton, NC 27589**