



Recruiting Now Free Summer Camp



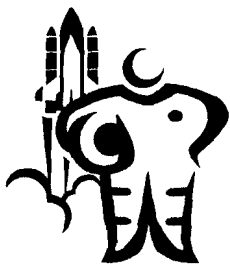
NASA Summer Academy
Miami-Dade County Public Schools
Summer Outreach Program
June 26, 2007 – July 27, 2007
At Various School Locations (TBA)

The **NASA SEMAA Phase II** summer outreach academy will be twenty (20) days of innovative exciting adventure for developing eager minds interested in NASA's science and innovations while being nurtured and developed by an interdisciplinary team of teachers. The academy model will promote best practices of student inquiry, mathematical problem solving, use of student work to inform instruction, and global citizenry. The elementary, middle, and senior high school academies will be located on Miami-Dade County Public Schools' campuses.

The NASA SEMAA Phase II Camps Includes:

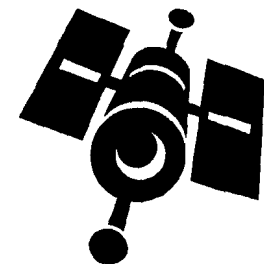
- ✓ The Use of Hands-on Learning to Increase Knowledge of Science, Technology, Engineering, and Mathematics Concepts
- ✓ Learning About the Sun Universe, Quasars, and Black Holes
- ✓ The Use of Technology and Hands-on Learning to Understand Current Developments Aeronautics Research
- ✓ Designing and Constructing Lunar and Martian Waste Facilities, Shelters, Crafts, Clothing, Vehicles (*Possible Credit Awarded to High School Students*)
- ✓ Applying Current Knowledge of Science and Technological Innovation via Robotics, Invention, Science Fiction, and Product Design and Quality Testing
- ✓ Physical Fitness and Dance
- ✓ Field Experiences and Engineering Designs and Competitions
- ✓ Free Busing (According to M-DCPS' Guidelines) and Lunch
- ✓ Classroom Instruction by M-DCPS Certified Teachers

For Information Contact: NASA SEMAA Teacher At Your Child's School
Or Ms. Karetha Times-Marshall, Director *Office of Curriculum and Instruction* At
305-995-1989 (office hours vary) or 305-696-4161, ext 2293 (office hours vary)



Application Deadline is Tuesday, April 13, 2007

Students applying must currently be passing this year's grade and have intention to attend all twenty (20) days, **no exceptions (including illnesses and vacation)**. Students will be automatically dropped from the program after their second absence and not allowed to attend the camp.



**NASA Science, Engineering, Mathematics & Aerospace Academy
(SEMAA) Student Application**

Fall Winter Spring Summer Outreach Activity Date ____/____/____

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

Address: _____ Social Security #: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

School's Name: _____ *Tracking Identification #: _____ -FY0607-S
Student ID #

Name and Location of Summer Camp Site (If known): _____

Current Grade: _____ Age: _____ School District: Miami-Dade County Public Schools

Ethnicity: African American Hispanic Native American Caucasian
 Haitian American Asian Pacific Islander Other _____

Type of School: Urban Public Urban Private Home School Magnet
 Suburban Public Suburban Private Rural Charter Other: _____

Gender: Male Female Lunch Status: Free Reduced Full Price

T-shirt Size: *Child Sizes* Sm., M, L *Adult Sizes* Sm., M, L, 1XL, 2XL,
 3XL, 4XL, 5XL, 6XL

How did you hear about the Program? _____ Flyer _____ Radio _____ Television
_____ Newspaper _____ Magazine _____ Word of Mouth _____ Students' School
_____ Church _____ Other: _____

Emergency Contact and Parent/Guardian Information:

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

Home Telephone: _____ Best time to call: _____ Mobil Phone: _____

E-mail Address: _____ Pager #: _____

Occupation: _____ Work Telephone: _____

Hobbies: _____

**** Parents are required to attend *two* SEMAA functions (Parent Café', classroom activity, field trip, etc.) each year.**

Please Check One:

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

Has the student ever participated in SEMAA before?
 Yes No If yes, please list the date(s) attended

* Tracking Identification Number Comprise of the Student ID#-Fiscal Year 05 06-Term (F,W,SP,S1,S2,S3,S4)

**Science, Engineering, Mathematics & Aerospace Academy
(SEMAA) Student Application**

Does your child require busing? Yes or No

Does your child have any disabilities that may need accommodations? Yes or No

(Please indicate below: Example ESE, Special Education, Blind, handicapped, etc.)

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

Family Income Range: Below- \$10,000 \$30,000-\$40,000
 \$10,000-\$20,000 \$40,000-\$50,000
 \$20,000-\$30,000 \$50,000 and above

Has either parent/guardian obtained a bachelor's degree or higher? Yes No

Student Health Information:

Name of Physician: _____ Telephone: _____

Allergies: _____

Health/Dietary Restrictions: _____

Medications Needed: _____

Special Needs: _____

Please Print:

I, _____ (Parent/Guardian), do hereby release and discharge NASA Glenn Research Center, Miami-Dade County Public Schools, the SEMAA Program, and 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 daughter's/son's participation in the Program and /or related activities sponsored by the SEMAA Program. I have read or someone from the SEMAA Program has read and explained the information contained on this form to me. I willingly agree and give my consent to let SEMAA enter data about my child and me into their computer information system. I also give my permission for my child to be photographed and allow SEMAA to release any and all pictures for program publicity purpose only.

(Please Print)

(Signature)

(Date)

SUMMER SCHOOL REGISTRATION FORM

DATE _____ I.D.# _____

PROGRAM _____ SCHOOL-SITE _____

FUTURE GRADE LEVEL _____ STUDENT S.S.# _____

NAME _____
(Legal) (Last, First, Middle)

NAME _____
(Assumed) (Last, First, Middle)

STUDENT'S ADDRESS _____
(No., Street)

_____ HOME PHONE _____
(City, State, Zip Code)

MAILING ADDRESS _____
(If different from the student's address)

DATE OF BIRTH _____ BIRTHPLACE _____

PRIMARY LANGUAGE: PARENT _____ STUDENT _____

FATHER'S NAME _____ OCCUPATION _____

EMPLOYER _____ WORK PHONE _____

MOTHER'S NAME _____ OCCUPATION _____

EMPLOYER _____ WORK PHONE _____

GUARDIAN'S NAME _____ RELATIONSHIP _____
(Name of guardian with whom student lives if not the parent)

CURRENT SCHOOL _____
(School Name)

SCHOOL ADDRESS _____
(No., Street)

_____ (City, State, Zip Code)

LAST MIAMI-DADE COUNTY PUBLIC SCHOOL ATTENDED _____

STUDENTS NEW TO MIAMI-DADE COUNTY PUBLIC SCHOOLS SHOULD SEE THE INITIAL ENTRY CHECK LIST ON THE BACK.

SCHOOL NO.	I.D. NUMBER	STUDENT'S LAST NAME	APP	FIRST NAME	MIDDLE NAME	BIRTH DATE	SEX	ETH	GRADE			
Current Entry Date	Florida I.D. Number	Last Legal Name (if different)	APP	First Name	Middle Name	Section	Student Social Security No.					
School Name		MIAMI-DADE COUNTY PUBLIC SCHOOLS			Place of Birth: (City)		(State/County)					
STUDENT DATA CARD												
Student's Address				(Apt)	(City)	(Zip)	Telephone ()					
P A R E N T / G U A R D I A N	Last Name	First Name	Relation	Place of Employment	Telephone ()	KINDERGARTEN ONLY						
	Last Name	First Name	Relation	Place of Employment	Telephone ()					Was the child in pre-school or child care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Last Name	First Name	Relation	Place of Employment	Telephone ()					Was the full cost paid by you?	<input type="checkbox"/>	<input type="checkbox"/>
	School Last Attended:					Card No.	What Type? Headstart <input type="checkbox"/>	ESE <input type="checkbox"/>	Migrant <input type="checkbox"/>	Other <input type="checkbox"/>	Unknown <input type="checkbox"/>	

878-0269

COMPLETE REVERSE SIDE

FM-2733E Rev. (01-03)

Parents/guardians have the right to review the professional qualifications of their child's classroom teacher(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This "right to know," available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

EMERGENCY CONTACT INFORMATION: Occasionally, an accident or extreme illness of a student makes it necessary for school personnel to contact the parent to get permission for emergency referral. Additional data is needed in case of an emergency illness of your child. The legal responsibility of medical and transportation expense incurred on behalf of your child is a parental one. If parent can't be reached, whom should we try to contact? (List two persons in priority order below.)

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

Parent's/Guardian's E-Mail address: _____

Family Doctor _____ Phone _____ Preference of Hospital _____ Phone _____

Student health data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: List below the names of persons either authorized or not authorized to take your child from school during the school day. Your child will not be released to anyone not specifically authorized by you.

AUTHORIZED: _____

NOT AUTHORIZED: _____

IT IS THE PARENTS' RESPONSIBILITY to inform the school in writing of any changes in the information listed on this card.

Date: _____ Parent's Signature _____

878-0269

FM-2733E Rev. (01-03)

No. de la escuela	No. de identificación	Apellido del estudiante	APP	Nombre	Segundo nombre	Fecha de nacimiento	Sexo	Origen étnico	Grado		
Fecha de ingreso actual	No. de identificación de la Florida	Ultimo apellido legal (si fuese diferente)	APP	Nombre	Segundo nombre	Sección	No. del Seguro Social del estudiante				
Nombre de la escuela		ESCUELAS PÚBLICAS DEL CONDADO DE MIAMI-DADE				Lugar de nacimiento (ciudad)		(Estado/Pais)			
		TARJETA DE DATOS DEL ESTUDIANTE									
Dirección del estudiante			Apt.	Ciudad	Código Postal	Teléfono					
P A D R E / M A D R E	Apellido	Nombre	Parentesco	Lugar de trabajo	Teléfono	SOLAMENTE KINDERGARTEN					
	Apellido	Nombre	Parentesco	Lugar de trabajo	Teléfono	¿Estuvo el/la niño(a) en un preescolar o en una guardería?	Si	No			
	Apellido	Nombre	Parentesco	Lugar de trabajo	Teléfono	¿Asumio usted el costo total?					
	Última escuela a la que asistió					No. de Tarjeta	¿Que tipo? Programa preescolar	<input type="checkbox"/>	ESE	<input type="checkbox"/>	
						Migratorio	<input type="checkbox"/>	Otro	<input type="checkbox"/>	Desconocido	<input type="checkbox"/>

878-2342

LLENE LOS ESPACIOS AL DORSO

FM-2733S Rev. (01-03)

Los padres de familia y los tutores tienen el derecho de examinar las calificaciones profesionales del maestro o de los maestros de sus hijos, entre las que se encuentran sus condiciones en cuanto a la licencia, los campos de especialización de sus títulos, sus títulos de postgrado y los campos en los que están certificados. Dicho "derecho a saber" está a su disposición mediante la escuela de su hijo(a) e incluye si su hijo(a) recibe servicios proporcionados por auxiliares y, de ser así, sus calificaciones.

INFORMACIÓN SOBRE LLAMADAS DE EMERGENCIA: Algunas veces, accidentes o enfermedades imprevistas obligan al personal a llamar a los padres y obtener permiso para trasladar al estudiante rápidamente. Se necesita información adicional en casos de enfermedades imprevistas. Los padres son responsables por los gastos médicos y de traslado de sus hijos. Si los padres no se encuentran, ¿a quién podemos llamar? (Señale dos personas en orden de importancia).

Nombre _____ Parentesco _____ Dirección _____ Tel. del trabajo _____

Nombre _____ Parentesco _____ Dirección _____ Tel. del trabajo _____

Dirección del Correo Electrónico _____

Médico de la Familia _____ Tel. _____ Hospital Preferido _____ Tel. _____

Datos Importantes Sobre la Salud del Estudiante en Casos de Emergencia: _____

AUTORIZACIÓN PARA DEJAR LA ESCUELA: Señale aquellas personas autorizadas para sacar a su hijo de la escuela. Si hay alguna persona que no está autorizada para sacar a su hijo, sírvase indicarlo: SU HIJO NO SERA ENTREGADO A NINGUNA PERSONA CUYO NOMBRE NO APAREZCA MENCIONADO.

PERSONAS AUTORIZADAS _____

PERSONAS NO AUTORIZADAS _____

LOS PADRES SON RESPONSABLES DE MANTENER AL DÍA LA INFORMACIÓN DE ESTA TARJETA Y NOTIFICAR CUALQUIER CAMBIO POR ESCRITO.

Fecha _____ Firma de los Padres _____

FM-2733S Rev. (01-03)

No. Lekòl La	No. Katdidantite Li	Sinyati Elèv La	APP	Premye Prenon	Prenon Lanmitan	Dat Nesans	Sèks	Gwoup Kiltirèl	Ane	
Dat Dènye Antre-A	No. Katdidantite Fla.	Sinyati Legal (Si Li Pa Menm)	APP	Premye Prenon	Prenon Lanmitan	Seksyon	No. Kat S.S.			
Non Lekòl La		FICH ENFOMASYON SOU ELÈV SISTEM LEKÒL PIBLIK MIAMI-DADE COUNTY				Kote Elèv La Fèt: (Vil)		(Eta/Peyi)		
Adrès Elèv La		(Apt)	(Vil)	(Zòn Lapòs)			Telefòn ()			
P R E S P O N S A B L E	Sinyati	Premye Prenon	Relasyon	Kote Li Travay	Telefòn	POU "KINDERGARTEN" SÈLMAN				
	Sinyati	Premye Prenon	Relasyon	Kote Li Travay	Telefòn					Wi Non
	Sinyati	Premye Prenon	Relasyon	Kote Li Travay	Telefòn					Èske timoun nan te lan preskolè oubyen lan gadri? <input type="checkbox"/> <input type="checkbox"/>
	Dènye Lekòl Li Te Ye:						Èske se wou ki te peye tout pri a? <input type="checkbox"/> <input type="checkbox"/>	Ki tip pwogram? "Headstart" <input type="checkbox"/> "ESE" <input type="checkbox"/>		
						"Migrant" <input type="checkbox"/> Lèt <input type="checkbox"/> M pa konnen <input type="checkbox"/>				

878-2351

RANPLI SA KI NAN DO FICH LA

FM-2733H Rev. (01-03)

Paran/gadyen gen dwa pou revize kalifikasyon pwofesyonèl pwofesè saklas pitit yo ki genyen ladann stati lisans yo, nan ki domèn yo gradye, diplòm yo resevwa lè yo gradye, e nan ki matyè yo sètifye. "Dwa pou Konnen" sa a disponib nan lekòl pitit ou a (yo) ki genyen ladann si pitit ou a ap resevwa sèvis nan men yon parapwofesyonèl e, si wi, ki kalifikasyon li genyen.

ENFOMASYON SOU KONTAK IJAN: Pafwa lè elèv malad o swa yon aksidan nou dwe pou kontakte paran tou swit pou yon ka ijan. Nou bezwin enfomasyon oka ti moun-n gen yon bagay. Responsabilite legal o medikal ti moun nan se yon bagay ki regade-w kòm paran. Si nan pwen mwayen pou pale avèk ou, ak ki moun nou kab pale bay non de moun nou kab relè.

(Non) _____ (Relasyon ak elèv-la) _____ (Adrès) _____ (Telefòn nan travay) _____

(Non) _____ (Relasyon ak elèv-la) _____ (Adrès) _____ (Telefòn nan travay) _____

LÈT ELEKTWONIK

Doktè fanmin _____ Telefòn _____ Lopital ou prefere _____ Telefòn _____

Dosye maladi ti moun-n ke nou sipoze konen: _____

OTORIZASYON POU LAGE TI MOUN-N: Lis moun ki gen otorizasyon pou vinn chèche-l lekòl. Lis non gen pa otorizè. NOU PAP REMÈT OKIN MOUN PITIT-W SI NON-N PA LA.

OTORIZE _____

PA OTORIZE _____

SE RESPONSABILITE YON PARAN POU ENFÒME LEKÒL PAR ECRIT, DE CHANJEMAN NAN ENFOMASYON KI SOU KAT LA.

Dat _____ Sinyati paran _____

FM-2733H Rev. (01-03)