

**PLEASE NOTE: Cuyahoga Community College is CLOSED
December 23 – January 2, 2012 for Winter break**

December 20, 2011

Dear SEMAA Applicant,

Attached, please find the Winter 2012 application for the Science, Engineering, Mathematics and Aerospace Academy at Cuyahoga Community College, Metro Campus. ***The session will operate 9:00AM – noon, Saturday's, January 28th – March 10th, 2012.***

Please note: applications for winter will be accepted on a first come, first served basis. Applications must be post marked or submitted in person by Friday January 13th, 2012. No faxed applications will be accepted.

- ***Applications should be completed in blue or black ink***
- ***Please note: Incomplete applications will be returned***

The following completed information should be submitted to the Cleveland SEMAA Office no later than **Friday, January 13th, 2012:**

1. SEMAA Winter 2012 application (***an application packet should be completed for each student seeking enrollment***)
2. Cuyahoga Community College Non-Credit Registration Form
 - Please complete section 1 only, "Personal Information Section." The SEMAA student's information should be used to complete this form. Please be sure to include the student's date of birth. The Non-Credit Registration form is used to enroll SEMAA participants as non-credit students. In addition, should campus be closed, information will be used by the emergency automated system to provide emergency and closing updates. **At this time, a social security number is not required to complete the form.**
3. Cuyahoga Community College Agreement for Use of Name and Likeness (Requires student and parent signature)
4. Release from Liability & Hold Harmless Agreement (Requires student and parent signature)
5. Allergy/Medical, Behavior & Student Release (Requires student and parent signature)

Please note: Applicants are placed based on current academic grade level, thusly; kindergarten applicants must be registered for kindergarten during the 2011-2012 academic school year to be considered an eligible applicant. **Acceptance letters will be sent via U.S. Mail beginning Thursday, January 19th, 2012.**

Should you have questions, or wish additional information, please contact our office at 216.987.6301 or email us at SEMAA@tri-c.edu.

Warmest Regards,

Lori J. Scott, Director

SEMAA
Science, Engineering, Mathematics and Aerospace Academy
College Pathway Programs
2900 Community College Avenue
Cleveland, OH 44115-3196
Office 216.987.6301 Fax 216.987.6308

School District _____ Is the district: Public _____ Private _____ Charter _____ (please check one)
 County _____ Grade during the 2011-2012 school year _____



National Aeronautics and Space Administration

NASA Science, Engineering, Mathematics and Aerospace Academy (SEMAA) Winter 2011/2012 Session Application: Cuyahoga Community 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: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Name of school _____		
Academic level as of Winter 2011/2012 <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"/> 10 th <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? <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)		
ALTERNATE PREFERRED SESSION FOR SCHOOL YEAR 2011 to 2012		
<i>If your student is not selected for the SEMAA Winter 2011/2012 session, please indicate if your student is available to attend the Spring session (check box)</i>		
<input type="checkbox"/> Spring		
OTHER CHILDREN ALSO APPLYING FOR SEMAA THIS YEAR		
Are any children living with the student also applying for the SEMAA Winter 2011/2012 Session? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate their name, birthdate, and academic level (Winter 2011/2012) 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 Winter 2011/2012
Name of other child applicant	Date of birth	Academic level as of Winter 2011/2012
Name of other child applicant	Date of birth	Academic level as of Winter 2011/2012
<i>Please use the space below to list any additional children applying for SEMAA this year.</i>		

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)		
<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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

Non-Credit Registration Form

HOW TO REGISTER



By Phone: 216-987-3075

Have credit card information available.



By Fax: 216-987-3210

To register and pay with credit card or purchase order.



By Mail:

Complete registration form.
Mail with check, money order,
or purchase order to:
Tri-C/Unified Technologies Center
2415 Woodland Ave.
Cleveland, OH 44115



In Person:

Stop by Administrative Services at

- Unified Technologies Center
2415 Woodland Ave., Cleveland, OH 44115
- Corporate College® East
4400 Richmond Rd., Warrensville Hts., OH 44128
- Corporate College® West
25425 Center Ridge Rd., Westlake, OH 44145

Admissions & Records Office at • East • West • Metro

PERSONAL INFORMATION

Name _____
Last First Mi Former

Date of Birth: - - Month and day required.
Mo. Day Yr.

Tri-C ID or
Social
Security
Number

Last 4 digits required*

***Tri-C ID Information:** Students will no longer need to use their social security number as a primary ID, but it may still be required as part of your record. Additional information is available at www.tri-c.edu/tricid, choose "Frequently Asked Questions for Students," or by calling 216-987-3075.

Complete this area if you are a new student or if any information has changed.

Address _____
Number Street Apt. No.

City State Zip County

Home Phone - -
Area Code

E-Mail _____
Required for online courses

Cell Phone - -
Area Code

Ethnic Background:

- Black American Indian or Alaskan
 White Asian, Pacific Islander, or Indian Subcontinent
 Hispanic Other

Gender: Male Female

U.S. Citizen: Yes No

Are You a Veteran: Yes No

BUSINESS OR WORK INFORMATION

Complete this area if you are a new student or if any information has changed.

Business Name _____

Phone

- -
Area Code Ext.

Address _____
Number Street

FAX

- -
Area Code

City State Zip County

PAYMENT INFORMATION

Bill Company, via attached Purchase Order Check (enclosed) Money Order (enclosed)

Master-Card Account Number _____ Security Code _____ Exp. Date _____
 Visa Name on Card _____
 Discover
 Amer. Express Signature _____

If registering for an ONLINE course, start date is required.



Course Reference Number	Course Title	Start Date	Fee
Signature (required) _____			TOTAL



Agreement for the Use of Name and Likeness

Name (Print): _____ (Student's Name)

Description of Photography, Recordings, or Other Activity (the "Event(s)"), and date(s) of Event(s):

For good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I grant irrevocable permission to Cuyahoga Community College District (the "College") and its trustees, officers, students, vendors, consultants, and employees (collectively, the "Affiliates") to use my name, photograph, video, likeness, voice, statements, or biographical material (collectively, "Material") associated with the Event(s) in any and all manner and media throughout the world, in perpetuity. I waive any right that I may have to inspect or approve any such use.

I agree that the Materials may be edited, adapted, expanded, revised, or modified at the sole discretion of the College and its Affiliates. I consent to use of the Materials in connection with publicity, advertising, promotion, publication, and any other purposes. I understand that the College and its Affiliates may use the Materials in any media or format it chooses, whether or not for profit, including without limitation television, radio, print, promotional materials, and Internet.

I warrant and represent that this agreement does not in any way conflict with any existing commitment on my part. I agree that no aspect of this agreement or my participation in the Event(s) makes me an employee of the College. I agree that the College is not under any obligation to exercise any of the rights, licenses, and privileges herein granted.

If I am an employee of the College, all Material subject to copyright protection shall be a work-for-hire. If, for any reason, any Material is deemed not to be a work-for-hire by a court of competent jurisdiction, then this agreement shall constitute an irrevocable assignment of the worldwide copyright in the Material to the College.

I agree to release and discharge the College and its Affiliates from all claims, liabilities, losses, and costs (including without limitation, attorneys' fees and other costs of defense) that I may now or hereafter have against any of them arising out of or relating to my participation in the Event(s) the College's or any Affiliate's exercise of rights granted by this agreement, including without limitation claims for compensation, defamation, infringement, and invasion of privacy. I agree to indemnify and hold harmless the College and its Affiliates from and against any liabilities, losses, claims, costs (including without limitation attorneys' fees and other costs of defense) and expenses arising out of or relating to my breach of this agreement.

This agreement impacts my legal rights and duties. I have read this document and fully understand it.

Agreed and accepted:

Minor's Signature

College Signature

Date of Signature

Date of Signature

I represent that I am a parent (or a legal guardian) of the minor identified in the above agreement and I agree that we shall both be bound by the agreement including without limitation its provisions relating to releasing, discharging, indemnifying and holding harmless the College and its Affiliates:

Parent or Legal Guardian Signature

Date of Signature

Name (Print)

Phone

Street Address

City, State, Zip

PART I OR II MUST BE COMPLETED

PART I-TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Local Hospital _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above Named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This Authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted:

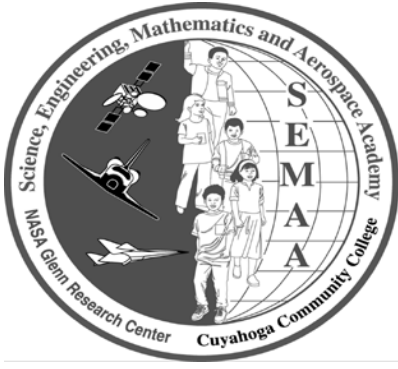
Date _____ Signature of Parent/Guardian _____
Address _____

PART II- REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____
Address _____

Prepared by: College Legal Counsel 10,'901947r



Science, Engineering, Mathematics & Aerospace Academy (SEMAA)

Allergy/Medical, Behavior & Student Release

Student's name _____ Grade _____

Intentional destruction of property or physical harm to staff or other student's will result in immediate dismissal. All other disruptive behavior will result in the following action from Cleveland NASA SEMAA staff member or instructor:

1st Offense- Call home to parent by instructor and/or dismissal suggestion

2nd Offense- Letter home to parent and dismissal

I _____ understand and agree to the Cleveland SEMAA behavior policy as outlined.
(Parent/Guardian name, please print)

I _____ understand and agree to the Cleveland SEMAA behavior policy as outlined.
(Students name, please print)

Parent/Guardian Signature

Date

Student Signature

Date

Student Release Statement

Students younger than age 13 must be picked up from the classroom by a parent/guardian. Valid photo identification (State of Ohio Driver's License or State of Ohio Identification Card) will be required for everyone picking-up students. No student will be released to anyone whose name, relationship, and telephone number has not been provided by the parent/guardian(s) on the Pick-Up/Emergency Authorization Statement. Please list the name, phone number, and relationship of adults or siblings authorized to pick your child up.

Name	Phone Number(s)	Relationship

Please authorize your students release to parties identified in the Student Release Statement by signing statement below.

I _____ authorize SEMAA (Science, Engineering, Mathematics and Aerospace Academy) to release _____ to parties identified in the Student Release Statement.
(Parent/Guardian name, please print)

_____ to parties identified in the Student Release Statement.
(Student's Name & Grade, please print)

Parent/Guardian Signature

Date