

Please check one only:

- June 2-6, 2008: 9 a.m. to 12 p.m.
Valley View Elementary 915 California Avenue (Off Espina/Near Idaho), Las Cruces, NM
- June 9-13, 2008: 9 a.m. to 12 p.m.:
The Dream Center
1400 6th Street (Off Valley Drive/Near Picacho Street), Las Cruces, NM



SNM SEMAA

Southern New Mexico Science, Engineering, Mathematics, and Aerospace Academy

"Inspiring the next generation of explorers...as only NASA can"

Date ____/____/2008 **DEADLINE FOR ENROLLMENT: Friday, May 16, 2008**

Student's Last Name: _____ First Name _____ MI _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ Age _____ Gender: Male _____ Female _____

Ethnicity (circle one)

African American	Asian	Caucasian	Hispanic
Native American	Pacific Islander	Other (specify)	

School Name: _____ Grade: _____ Student's Date of Birth

Has the student ever participated in another SEMAA program before? Yes _____ No _____

If yes, please list the program name (s) and dates attended: _____

PARENT AND GUARDIAN INFORMATION

I do hereby release and discharge this SEMAA site, members, administrators and agents from any and all claims, present and future, known and unknown, due to or arising from in any manner from my child'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 permission for my child to be photographed participating in activities and allow SEMAA to release any and all pictures for related publicity purposes only.

Parent or Guardian Signature: _____ Print Name: _____

Day Telephone: _____ Best time to call: _____

Annual Income Range: (circle one)

Below \$10,000	\$10,000 - \$20,000	\$20,000 - \$30,000
\$30,000-\$40,000	\$40,000 - \$50,000	\$50,000 and above

IN CASE OF EMERGENCY NOTIFY

If special accommodations are required for this student, please explain: _____

Consent is granted to the staff of the SEMAA program to provide medical services through the appropriate medical facilities and/or medical services to: Emergency contact name (other than parent) _____

Contact person's relationship to student _____

Daytime Telephone (____) _____ Home Telephone (____) _____

PLEASE MAIL or FAX COMPLETED APPLICATION TO:

SEMMA OFFICE, NMSU BOX 30001, MSC 3R

Las Cruces, NM 88003

ATTN: Selina Martinez

Tel: (505) 646-2991 Fax (505) 646-6217

e-mail: selinam@nmsu.edu