

P.O. Box 311606 | Atlanta, GA 31131-1606 | 404-755-4994 | register@nsoromma.org

**4th – 10th GRADE STUDENT APPLICATION STEAMers PROGRAM- Fall II 2016**

**Name**: \_\_\_ **Boy** \_\_\_\_**Girl**

**School**: **Grade**: **Age**:

**Parent(s) Name**:

**Address:**

**City, Zip: Phone**:

**Parent email**:

**FOR STUDENTS:**

**Why are you interested in this program?**

**Do you have any previous experience with coding/programming or game design? \_\_\_ No \_\_\_ Yes. If yes, please describe**. (For example, what coding programs or languages? Where? How long?)

**To which teacher are you giving your recommendation form? Teacher’s Name**:

**FOR PARENTS:**

**Sliding scale fee for this six-week program.**

* Regular program fee: $180 + $25 Registration fee. Registration fee waived if you BYOL *(Bring Your Own Laptop).* Late applications (after Oct 14) incur an additional $25 late fee, if space is available
* Students who are currently eligible to receive free or reduced lunch **based on their household income** (*Please call or email us if you are not sure):* $10 program fee + $5 registration fee. Registration fee waived if you BYOL (Bring Your Own Laptop). Late applications (after Oct 14) incur an additional $10 late fee, if space is available. Please call Dr. Jamar to apply for this fee at 412-400-2929.
* Other need-based scholarships are available. Please call Dr. Jamar at 412-400-2929 or email her at [register@nsoromma.org](mailto:register@nsoromma.org) for more information**.**

**Will your child be bringing a laptop**? \_\_\_ No \_\_\_ Yes

**Based on your household income, is your child eligible for free or reduced lunch?** \_\_\_ No \_\_\_ Yes

Has your child ever had learning or behavioral challenges or issues that required tutoring, counseling, special classes, etc.? \_\_\_\_\_\_\_ If yes, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other information about your child do you feel we need to know? (allergies, physical limitations, medical, etc..)

If any, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTE:** This information is very important in helping us to determine how we can best meet your child’s needs in this program.

**PLEASE READ THE FOLLOWING PERMISSIONS CAREFULLY AND SIGN ON PAGE 2:**

***Permission:*** I/We hereby grant permission for my/our child to participate in the STEAMers Program at Nsoromma School, Inc. I/We hereby agree to hold harmless and release Nsoromma, its officers, directors, employees, students and representatives (“Releasees”) from any claims of damage arising from my/our child’s participation in the program. I/We have signed this release with full recognition and appreciation of the risks of such activities, including risks associated with transportation to and from Nsoromma School, Inc.

I/We agree that Nsoromma School, Inc. personnel are granted permission to authorize emergency medical treatment if necessary and that such action by persons shall be subject to the terms of this release. I/We understand that Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such emergency medical treatment I/we further agree that this consent and release shall be construed in accordance with the laws of the State of Georgia. If any term or provision of this consent and release shall be held illegal, unenforceable or in conflict with any law governing this consent and release, the validity of the remaining portions shall not be affected.

***Off-campus trips***: I/We hereby give my permission for my/our child to go on field trips or other Nsoromma School sponsored-trips, if accompanied by a representative of the School. I/We further agree, on my behalf and acting on behalf of the student named above, to indemnify and hold harmless The Nsoromma School, Inc., its employees, officers, directors, successors and assigns, from all claims for loss, damage or injury sustained by my child.

I/We do hereby grant permission for this student to travel in privately-owned vehicles, driven by employees or designated representatives of the Nsoromma School. I/We understand that this transportation will not be within the scope of the staff member’s employment, but shall be provided gratuitously for the purpose of recreational, educational or other reasons, and that the student is not required to make these trips. Alternatively, parents/guardians may transport the above-named child to trip sites. I/We are freely choosing to consent to this transportation, and, as participation in activities where private vehicles will be utilized is not required for the student, I/we understand that Nsoromma is not obligated to provide this transportation.

I/We hereby waive, release and discharge Nsoromma School, Inc., its employees, officers and board of directors, from any claim, demand or cause of action arising out of the transportation here described and agree to indemnify and hold harmless The Nsoromma School, its employees, officers and Board of Directors, its successors and assigns, from all claims for loss, damage or injury sustained by my/ourself or this student, not caused by negligence.

***Media Release****:* I/We grant my permission to The Nsoromma School, Inc., its representatives, employees or to those whom permission is granted by The Nsoromma School, to make motion or still pictures and television and video recordings including website uploads of these in which my child may appear. I/We understand that no payment whatsoever will be made to either my child or myself for his/her appearance in these photographs or video recordings. It is further understood that these photographs and/or video recordings are used solely for educational and/or promotional purposes. This consent shall be effective for five years from the date signed or until I/we withdraw my/our consent in writing.

As evidenced by my signature below, I/We have carefully read and fully understand the terms and conditions of this permission form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Please print) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Please print) Signature Date

**For Nsoromma use only:**

Initial: \_\_\_\_ Accepted \_\_\_\_ Not Accepted

Amount paid: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**TEACHER RECOMMENDATION**

**Student’s Name**: **Teacher’s Name**:

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To the Teacher:

The above-named student is applying to participate in our 2016 STEAMers (Science, Technology, Engineering, Arts and Math) program for 4th – 10th graders. Please respond to the questions below and return to us  **August 30**. You may mail it to the above P.O. Box or email it to us at [register@nsoromma.org](mailto:register@nsoromma.org). Thank you for your support.

Sincerely,

Ido Jamar, Ph.D.

Program Administrator, STEAMers Program

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1. This student’s grades are generally in this range:

\_\_\_Excellent/90+/A \_\_\_Very good/80s/B \_\_\_Good/70s/C \_\_\_Not meeting standards/below 70s

2. Please rate the student on the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Out-standing** | **Above Average** | **Average** | **Below Average** | **Don’t Know** |
| Interest in learning |  |  |  |  |  |
| Interest in math, science, technology, art and/or engineering |  |  |  |  |  |
| Creativity |  |  |  |  |  |
| Persistence in face of challenges |  |  |  |  |  |
| Does more than the minimum effort |  |  |  |  |  |
| Leadership skills |  |  |  |  |  |
| Working with peers |  |  |  |  |  |
| Parental support |  |  |  |  |  |

**Comments or other information you feel it would be helpful for us to know:**

\_\_\_ I recommend him/her for this program. \_\_\_ I do NOT recommend her/him for this program.

\_\_\_ Please contact me directly for my recommendation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Signature Title/Affiliation Date

Phone: Email: