| Fall ssat 2.01 Registration | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **student Information** | | | | | | |
| Name: | | | | | | |
| Date of birth: | Phone: | | | | | |
| Current address: | | | | | | |
| City: | State: | | | ZIP Code: | | |
| Gender: M F | | Current grade in school: | | | | |
| School: | | | | Corporation: | | |
| Ethnicity (Please circle): African American/Non-Hispanic Asian Caucasian/Non-Hispanic Hispanic Multi-Racial Native American/Alaskan Native Other Pacific Islander I choose not to answer  *Ethnicity and gender data are used for research and evaluation purposes and do not effect eligibility.* | | | | | | |
| Parent/Legal Guardian Name: | | | | | | |
| Home Phone: | Work Phone: | | | | Cell Phone: | |
| Email Address: | | | | | | |
| This will be my child’s first Super Saturday session: YES NO | | | | | | |
| Purdue is committed to making its programs accessible to individuals with disabilities. If you require an accommodation or special assistance, for this program due to a disability, please contact us at 765-494-7243. | | | | | | |
| **PHOTO RELEASE**  I **do not** give consent for any photograph or video image of my child taken during a GERI program to be used by Purdue University for publicity and educational purposes. | | | | | | |
| **MEDICAL INFORMATION**  List any information regarding your child’s health, allergies, and/or emotional status in order for us to best serve your child’s needs. Attach additional sheets if necessary. | | | | | | |
| **EMERGENCY CONTACT** | Name: | | | Phone: | | |
| PARENTAL AUTHORIZATION  Purdue University Medical Authorization on for Treatment of a Minor (persons under 18 years):  Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, Franciscan Saint Elizabeth Health - Lafayette East, and Indiana University Health Arnett, medical personnel, agents, and employees to provide all reasonably necessary medical care, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, surgery, and prescription drugs advisable for the health of my child. I acknowledge that no representations, warranties, or guarantees as to results or cures will be made.  Further, I hereby grant permission for my child to attend Super Saturday by signing below. | | | | | | |
| *Parent/legal guardian signature is required.* | | | | | | |
| *Date* | | | | | | |
|  | | | | | | |
| **COURSE PREFERENCE AND FEES**  Your Child should be enrolled for a course in his/her current grade level. | | | | | | |
| Grades PreK-K $40.00 | **The Great Pumpkin Experiment**  October 3 October 10 October 17 | | | | | |
| Grades 1- 2 $50.00 | **Engineering With A Twist**  October 3 October 10 October 17  **Spark: Light, Sound, Action!**  October 3 October 10 October 17 | | | | | |
| Grades 3-5 $60.00 | **Digital Storytelling**  October 3 October 10 October 17  **Riparian Researchers**  October 3 October 10 October 17 | | | | | |
| **FEES ARE FOR ONE STUDENT AND ONE PARENT/ADULT** | | | | | | |
| **TOTAL DUE** $ | | | | | | |
| **A late fee of $10 will be assessed if the application is received after September 28, 2015.** | | | | | | |
| **PAYMENT** | | | | | | |
| VISA | MASTERCARD | | DI DISCOVER | | | AMERICAN EXPRESS |
| Name on Card: | | | | | | |
| Number: | | | Expiration Date: | | | |
| Signature: | | | | | | |
| CHECK: Enclose on check per child, payable to **PURDUE UNIVERSITY**. | | | | | | |
| APPLYING FOR FINANCIAL AID. (Complete financial aid application.) | | | | | | |
| I would like to make a monetary donation to help children with high potential who lie in poverty attend Super Saturday in the amount of $\_\_\_\_ (donations are tax-deductible). | | | | | | |
|  | | | | | | |
| Return this form and payment to:  **GERI Super Saturday**  **Beering Hall, Room 5178**  **100 University St.**  **West Lafayette, IN 47907** | | | | | | |

|  |
| --- |
| **FINANCIAL AID** |

FULL AND PARTIAL financial aid grants are available for students who would not be able to attend the program without financial assistance. If you wish to be considered for financial assistance, please complete this form. Financial assistance will be provided on a first-come, first-served basis.

Student’s Name:

**FOR SCHOOL-AGED CHILDREN**

I have attached verification on official school letterhead that my child is

eligible for **FREE** lunch**.**

I have attached verification on official school letterhead that my child is

eligible for **REDUCED** lunch**.**

**FOR PRE-K OR HOMESCHOOLED CHILDREN**

I have attached documentation to verify that my child is

eligible for federal financial assistance.

**PARENT’S EDUCATIONAL BACKGROUND –** Please circle

|  |  |
| --- | --- |
| **Parent 1** | **Parent 2** |
| Some High School | Some High School |
| High School Diploma | High School Diploma |
| Some College | Some College |
| Bachelor’s Degree | Bachelor’s Degree |
| Master’s Degree | Master’s Degree |
| Ph.D./Professional Degree | Ph.D./Professional Degree |

*Parent/legal guardian signature is required Date*

Please do not apply for financial aid unless you can document need by sending in the requested information.

**Return this form to:**

**GERI Super Saturday**

**Beering Hall, Room 5178**

**100 University St.**

**West Lafayette, IN 47907**

For financial aid questions, contact Anne Gray at (765)494-7240 or geri@purdue.edu.