



## Summer Enrichment Program – 2014 Student Application and Information Form

STUDENT INFORMATION			
Last Name:	First:	Middle:	
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Home Phone:	E-mail Address:		
Emergency Contact Name:	Contact Phone:	Entering Grade Level:	
Date of Birth (MM/DD/YYYY):	Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	Are you a U.S. Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Race/Ethnicity:	Hispanic <input type="checkbox"/>	African American <input type="checkbox"/>	Caucasian / American Indian <input type="checkbox"/>
	White <input type="checkbox"/>	Asian American <input type="checkbox"/>	Other <input type="checkbox"/>
Class Registered For:		Instructor Signature:	

COLLEGE/CAREER INFORMATION	
Do you plan to attend college: YES <input type="checkbox"/> NO <input type="checkbox"/>	What College:
Are you interested in a career in: (you may check more than one)	Math <input type="checkbox"/> Science <input type="checkbox"/> Engineering <input type="checkbox"/> Other <input type="checkbox"/> _____
Highest level of Math taken:	Highest level of Science taken:
*List All AP Classes Taken and Grades:	
Summarize all Science Activity Participation:	
*Highest Standardized Test Scores:	PSAT: SAT: ACT:

*\*List only if applicable*

**General MESA Class Student Fees:** \$25.00 – 100 Hour Program

Are you a currently in NM MESA and have the required paperwork on file? Yes [ ] No [ ]

*If you checked no, you must also submit the following NM MESA forms with this application:*

- A-1, NM MESA Parent Permission Form
- A-2, NM MESA Student Profile

*NOTE: All 2014 Summer Enrichment participants are required to participate in NM MESA for Summer of 2014.*

Please **make checks or money orders ONLY (no cash) payable to NM MESA, Inc.** and return it and this form to your NM MESA Advisor or Summer Enrichment Teacher.

Please Complete the Remaining Information on the Reverse Side of this Form

**NM MESA Summer Enrichment Program - 2014**  
**Emergency Contact Information and Authorization for Medical Treatment**

Student Name \_\_\_\_\_

Parent/Legal Guardian Name(s) \_\_\_\_\_

Address (include city and zip code) \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

*Other Emergency Contact:*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Native American Students, Please Provide Tribal ID # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of your child's most recent Tetanus booster shot \_\_\_\_\_

The following information is used **only** to maintain your child's safety. Please note if your child suffers from any of the following (check all that apply).

Condition	List/Medications Taken For*	Condition	List/Medications Taken For*
Athletic Injury <input type="checkbox"/>		Medication Allergies <input type="checkbox"/>	
Diabetes <input type="checkbox"/>		Epilepsy <input type="checkbox"/>	
Asthma <input type="checkbox"/>		Insect Allergies <input type="checkbox"/>	
Food Allergies <input type="checkbox"/>		Other (Please List): <input type="checkbox"/>	

**\*If your child takes any medication, please list them here. Our instructors cannot dispense prescription medicines. Your child must be able to take responsibility for their medications, including those for asthma.**

**Authorization for Medical Treatment –**

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child listed above, in the event of a medical situation occurring in my absence or when hospital personnel or physicians are unable to contact me. This authorization extends to any hospital, physician(s) and/or nursing personnel within the physician's staff where treatment is rendered under the physician's guidance. I release from medical responsibility the hospital, physician(s) and/or nursing personnel who perform medical procedures and acting on the authority of this medical treatment consent form, which such medical providers deem necessary for my minor child.

**The Undersigned HEREBY WAIVES** any and all claims that he or she may have against NM MESA, Inc. and NM Tech

I, \_\_\_\_\_ have carefully read the NM MESA Student Application and Information Form and the Emergency Contact Information and Authorization for Medical Treatment Forms and acknowledge that I understand its content and agree to be bound by all the terms and considerations set forth herein. The signature at the end of this Agreement evidences my understanding and commitment to the Agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date