



SANTA FE INSTITUTE

STUDENT INFORMATION

First Name: _____

Middle Initial: _____

Last Name: _____

Birthdate: ____/____/____ Current Age: ____

Gender: Male Female

Name of School in 2014/2015 : _____

Grade level in 2014/2015: _____

Race (check all that apply):

- African American Native American Asian
- Hispanic/Latino White Other

Primary language spoken at home: _____

Other languages spoken: _____

Student Cell Phone* (if applicable): _____

Student email address*: _____

*this information will only be used for program communication, it will not be sold, shared or released.

Check all that apply:

- Gifted/Talented Learning Disabled
- Special Ed Free/Reduced Lunch
- English Language Learner
- Physically Disabled (specify _____)

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship to Child: _____

Does child live with this individual?

- Yes No Part-time

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Best Time to Call: _____

Preferred Method of Contact:

- Home Work Mobile Email

Parent/Guardian Name: _____

Relationship to Child: _____

Does child live with this individual?

- Yes No Part-time

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Best Time to Call: _____

Preferred Method of Contact:

- Home Work Mobile Email

FIRST AID & EMERGENCY MEDICAL CARE

Date of Birth: ____/____/____ Student's physician/clinic: _____

Physician/clinic address: _____ Physician/clinic phone: _____

Health Insurance Coverage: _____ Policy Number: _____

Does the student have allergies, special diets, or medications? Yes No
If yes, please specify: _____

Does the student have special limitations or concerns? Yes No
If yes, please specify: _____

Does the student have chronic health conditions? Yes No
If yes, please specify: _____

I authorize staff and volunteers of Project GUTS who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Project GUTS staff and/or volunteers to transport my child to the nearest medical facility and to secure necessary medical treatment for my child. I will not hold the program responsible for accidents or injuries that may occur and I agree to be responsible for any charges incurred in the rendering of care and treatment for my child.

Parent/Guardian Signature: _____ **Date:** _____

EMERGENCY CONTACTS

(other than parents/guardians; must be 18 or older)

Name: _____
First Last

Name: _____
First Last

Home Address: _____

Home Address: _____

Relationship to Child: _____

Relationship to Child: _____

Phone 1: _____ Phone 2: _____

Phone 1: _____ Phone 2: _____

Do you give permission for student to be released to this person? Yes No

Do you give permission for student to be released to this person? Yes No

Transportation

My child is permitted to **depart** from the GUTS program by:

_____ Parent/guardian authorized pickup

_____ Unsupervised walk

_____ Public transportation

_____ Other (please describe): _____

Please sign below to indicate your authorization and consent to your departure in the ways described above. Any changes must be provided in writing.

Parent/Guardian Signature: _____ **Date:** _____

PARTICIPATION IN ACTIVITIES

Student's Name: _____

Field Trips/Explorations

- I give permission for my child to attend all field trips and roundtables associated with Project GUTS. This includes field trips that may involve walking and travel by GUTS-provided transportation, public transportation and/or private bus. These trips may occur on non-program days. I understand that Project GUTS will provide appropriate supervision. I will not hold the program responsible for accidents or injuries that may occur.

Photographs

- I hereby give permission for my child's photograph (electronic, video, still) to be taken in connection with the activities of Project GUTS and to be used in newspaper and magazine articles, or on television and other presentations concerning the program.

Internet

- I authorize Project GUTS to publish the following information about my child on the internet (either on the www.projectguts.org website or on other pages concerning the program). I understand that the following information will be available to anyone on the internet.

- Student's first name
- Student's photo (individual or group)
- Student's photo with identity (first name only)
- Student's intellectual property such as artwork, poetry, essays, performances, etc.

Behavior

- I understand that Project GUTS is responsible for maintaining a safe, educational environment and if my child's behavior is disruptive or in violation of Project GUTS rules for student behavior s/he may be dismissed from the program. I understand that Project GUTS will provide my student with behavioral expectations and that my child is responsible for knowing and following those expectations.
- I understand that GUTS program uses public school buildings, public libraries, community centers and national laboratory sites for club meetings, field trips and roundtables. Each site may have additional rules for student behavior. I understand that Project GUTS will provide my student with behavioral expectations and that my child is responsible for knowing and following those expectations.
- I understand that Project GUTS is a science and technology program and uses the internet. If my child's online behavior is inappropriate or in violation of Project GUTS rules, s/he may be dismissed from the program. I understand that Project GUTS will provide my student with online behavioral expectations and that my child is responsible for knowing and following those expectations.

Parent/Guardian Signature: _____ Date: _____

Turn over for one last page!

PARTICIPATION IN EVALUATION

Project GUTS Internal Evaluation

I understand Project GUTS conducts internal evaluation of its program to learn the effects of Project GUTS on students and clubs leaders and to find ways to improve Project GUTS. Project GUTS staff and the project's program director, Irene Lee, will collect evaluation data.

I understand that, as part of the evaluation, information about my child's enrollment and attendance will be gathered from Project GUTS Afterschool Clubs and Summer Workshops.

I also understand that my child may be asked to complete surveys and/or participate in individual and/or group interviews about his or her experiences with Project GUTS and about math, science, and technology in general. The interviews may be audio or videotaped for evaluation purposes but the tapes will not be shared with anyone outside of evaluation team.

Other information about my child that might be used for the evaluation of Project GUTS includes the work that your child completes as part of participating in Project GUTS. This work includes computer models, presentations, and responses on Project GUTS' website forums. Project GUTS requests your permission to use this information as part of evaluating the effectiveness of the project.

Finally, information about enrollment in high school math, computer, and science courses may also be collected from your child. This information will be used to evaluate if students who participate in Project GUTS go on to take advanced math, computer, and science courses in high school.

Your child's participation in Project GUTS evaluation is voluntary, and your child may refuse to participate in any part of it at any time.

Your child's responses and information will be confidential, and no one individual will be identified by name.

I understand that any information collected about my child will be known only to those responsible for collecting and analyzing evaluation data and that our names will not be used in any report.

Parent/Guardian's Name: _____ Signature: _____
Date: _____

Student's Name: _____ Signature: _____
Date: _____

Thank you!