

Timbuktu Academy-Summer Programs

Southern University and A&M College, Baton Rouge, Louisiana 70813

PROGRAM NAME: Getting Smarter at the Timbuktu Academy (GeSTA)

Duration: Four-weeks, June 6, 2010 – July 2, 2010
Orientation: Sunday, June 6, 2010 (Mandatory for student participant and at least one parent or guardian)

Description: GeSTA is a four-week non-residential program that engages students in hands-on and minds-on academic enrichment activities. The focus of the program is to strengthen the students' academic skills. Recreational activities will also be made available. Special emphasis is placed on reading and the development of critical thinking skills. The enrollment for GeSTA is twenty (20) students.

Criteria: Participants must be entering the 3rd, 4th or 5th grade in the fall of 2010.

Cost: **\$600**

Contact:	Assistant to the Director	Director	Academy's Mailing Address
	Lashounda Franklin	Dr. Diola Bagayoko	Timbuktu Academy
	Phone: (225) 771-2730	Phone: (225) 771-3990	Southern University and A&M College
	Fax: (225) 771-4341	Fax: (225) 771-3992	P. O. Box 11776
	Email: lfranklin2002@aol.com	Email: bagayoko@aol.com	Baton Rouge, LA 70813

Other Notes: Students will be provided lunch at Mayberry or Dunn Dining Hall and afternoon snacks. Applications can be found at <http://www.phys.subr.edu/timbuktu.htm> or by calling the Academy at (225) 771-2730. Program participation is limited to twenty (20) participants. Applications are evaluated on a first-come, first-served basis. Once program limits have been met, no other applications will be accepted. Incomplete applications will not be considered. (Faxed copies will not be accepted.)

Deadline: **April 30, 2010**

*The Timbuktu Academy won the 2002 US Presidential Award for Excellence in Science, Mathematics, and Engineering Mentoring.
The Academy and its Director won the 2007 Benjamin Banneker Legacy Award.*



Getting Smarter at the Timbuktu Academy (GeSTA)

Registration Form (Please print)

Student/Parent Information

Please use a separate form for each child. This form may be copied. Payment and consent forms (medical and photograph) MUST accompany ALL registrations.

Child's First Name _____ MI _____ Last _____

Home Address _____

City _____ State _____ Zip _____

Social Security # _____

School Attending (Next Academic Year) _____

Date of Birth _____

Grade Entering (Next Academic Year) _____ Gender: Male Female Race/Ethnicity: _____

Parent/Guardian Name _____

Telephone: Day(____) _____ Evening(____) _____ Cell(____) _____

Fax _____ E-mail Address _____

Emergency Contact (other than Parent/Guardian) _____

Telephone _____ Cell _____

Relationship to Child _____

I understand that when my child's program activities end for the day, SUBR's responsibility for him/her ends and it is my responsibility to pick up my child promptly.

Signature of Parent/Guardian _____ Date: _____

Participant's T-Shirt Information

T-Shirt Size: X-Small Small Medium Large

Release Information

My child may be released to the following persons, other than Parent/Guardian.

Name _____ Telephone (____) _____ Relationship _____

Name _____ Telephone (____) _____ Relationship _____

Name _____ Telephone (____) _____ Relationship _____

Payment Information

\$600 non-refundable fee

Payment must accompany all registration forms.

The above no-refund policy stems from commitments that have to be made to food service at SUBR

Total fee enclosed \$ _____

Payment: Cashier's check or money order only. No personal checks or cash accepted.
Make payable to SUBR Timbuktu Academy.

Mailing Information

Please mail completed application, the two consent forms, and payment to:

Timbuktu Academy GeSTA Program
P.O. Box 11776
Baton Rouge, LA 70813

Contact: Dr. Ella L. Kelley, Co-Director
Phone: 225-771-2777
Fax: 225-771-2311
Email: elkchem@aol.com

Note: Faxed copies will not be accepted.

Have you included:

- Completed application
- Two consent forms
- Cashier's check or money order for \$600

TIMBUKTU ACADEMY SUMMER 2010 PROGRAMS

REQUEST FOR RECORDS - Your child should give this form to the registrar/counselor at his/her school. A parent or guardian must sign this request so that the required records can be released—your child's grade reports, latest standardized test scores, and school disciplinary records. This form must accompany the records.

Name of Student (please print)

Student's School ID No., if applicable

School

Grade

Date of Birth

Name of Homeroom Teacher

I hereby grant permission for the release of my child's grade reports, latest standardized test scores and school disciplinary records.

Signature of Parent or Guardian

Date

Dear Registrar/Counselor:

Please forward this form and a copy of the official records of this student (grade reports, most recent standardized test scores and school disciplinary records) to:

**The Timbuktu Academy
Southern University and A&M College
P. O. Box 11776
Baton Rouge, LA 70813**

In addition, please indicate if the student is eligible for one of the following, if known.

_____ Free Lunch

_____ Reduced Lunch

Name and Title of School Official Completing this Form (please print)

School Address

Phone Number

Signature of School Official Completing this Form

Date

