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

Duration:
Four-weeks
Orientation: Saturday, May 31, 2014; 10:00 A.M.
Dates for Summer 2014: June 2, 2014 – June 27, 2014

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 student academic skills; however, some recreational activities will be made available. Special emphasis is placed on reading. The enrollment for GeSTA, per summer, is twenty (20) students. GeSTA is funded in part by the Department of the Navy, the Office of Naval Research (ONR), and others.

Criteria:
Participants must be entering the 3rd, 4th, or 5th grade in the fall of 2014.

Cost:
$600 non-refundable/non-transferable fee (Fee must accompany registration form)

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 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.

The Timbuktu Academy won the 2002 Presidential Award for Excellence in Science, Mathematics, and Engineering Mentoring.

DEADLINE: April 30, 2014
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 (Youth):  Small  Medium  Large

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

<table>
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<tr>
<th>Name</th>
<th>Telephone (___)</th>
<th>Relationship</th>
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### 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  
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
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
GENERAL CONSENT FOR MEDICAL TREATMENT OF MINORS
SOUTHERN UNIVERSITY AND A & M COLLEGE

Getting Smarter at the Timbuktu Academy (GeSTA)

Child’s Name: _________________________________________________________________
(LAST)    (FIRST)    (MIDDLE)

Date of Birth: _______________________________ SSN: _________________________

I hereby consent for my child to receive care from the Southern University’s Student Health
Services for any illness or injury incurred while he/she is a participant in the Getting Smarter at
the Timbuktu Academy (GeSTA) program.

In case of an emergency whereby I cannot be readily contacted, I grant permission for my child’s
transfer to a local hospital and treatment as dictated by medical personnel. I will not hold
Southern University and A & M College or any of its employees liable for any medical expenses
incurred by my child.

_______________________________________________  ________________________
Signature of Parent or Guardian                           Date

______________________________________________________________________________
Street Address      City   State  Zip

(         ) __________________________________ (          ) _____________________________
Home Phone      Work Phone

Family Physician       Physician’s Phone

______________________________________________________________________________
Known allergies to food, medicines, etc.

______________________________________________________________________________
Please list any health problems.

______________________________________________________________________________
List any prescription medications presently being taken.

Medical Insurance Company                      Policy Number

_________________________________________ (          ) _____________________________
Emergency Contact Person       Phone
GETTING SMARTER AT THE TIMBUKTU ACADEMY (GeSTA)

PLEASE PRINT

Child’s Name: _________________________________________________________________

(LAST)    (FIRST)    (MIDDLE)

Date of Birth: _______________________________  SSN: _________________________

I hereby grant permission to the Getting Smarter at the Timbuktu Academy (GeSTA)
program to make videotapes, audiotapes, and/or photographs of the above-named child.

I further authorize the use of such photographs or tapes for brochures, press releases or other
recruitment materials without prior permission from me or inspection on my part.

Printed Name:  _____________________________________

Signature:  _____________________________________

Relationship to
Participant:  _____________________________________

Date:  _____________________________________

NOTE:  PLEASE ATTACH A RECENT WALLET SIZE OR POLAROID PHOTOGRAPH
OF THE CHILD NAMED ABOVE.  THIS PHOTOGRAPH WILL NOT BE RETURNED.