Timbuktu Academy-Summer Programs
Southern University and A&M College, Baton Rouge, Louisiana 70813

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

**Duration:**
Orientation: Sunday, June 2, 2013 (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.

**Criteria:**
Participants must be entering the 3rd, 4th or 5th grade in the fall of 2013.

**Cost:**
$600 (Enrollment of 20 students required to operate program for summer 2013).

**Contact:**
Assistant to the Director  
Lashounda Franklin  
Phone: (225) 771-2730 
Fax: (225) 771-4341 
Email: lfranklin2002@aol.com

Director  
Dr. Diola Bagayoko  
Phone: (225) 771-2730 
Fax: (225) 771-4341 
Email: bagayoko@aol.com

Academy’s Mailing Address  
Timbuktu Academy  
Southern University and A&M College  
P. O. Box 11776  
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](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, 2013

*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.*
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:  Small    Medium   Large
**Release Information**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone (___)</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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: 225-771-2730  
Email: elkchem@aol.com

Have you included:
- [ ] Completed application
- [ ] Two consent forms
- [ ] Cashier’s check or money order for $600

**NOTE:** FAXED COPIES WILL NOT BE ACCEPTED.
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
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
PERMISSION TO TAPE OR TO PHOTOGRAPH
SOUTHERN UNIVERSITY AND A & M COLLEGE

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.

PLACE PHOTO HERE