

**Live! Learn! Louisiana!  
Application  
Summer 2010**

Date \_\_\_\_\_

**Applicant Information**

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Billing/Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Student's Date of Birth (MM/DD/YY): \_\_\_\_\_

**School Information**

Name of School: \_\_\_\_\_ 2010-2011 Grade Level: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

Please check all that apply regarding identification:

Gifted                       Talented                       Both                       Not identified

Are you in a gifted and talented program?     Yes                       No

If yes, how do you participate?               Self-contained classroom               Pull-out

**Contact Information**

Please provide the following information regarding the **person responsible for transportation to and from program services**:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_

Who should we contact in case of an emergency?

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_

**Certification/Releases**

I, \_\_\_\_\_, hereby grant Louisiana State University permission to interview my child, \_\_\_\_\_, to photograph my child, and his/her family members, and publish his/her work and any such photographs on its web site, and in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Louisiana State University, in perpetuity, and for other use by the

university. I will make no monetary or other claim against Louisiana State University for the use of the interview or any published work. We have read the Live! Learn! Louisiana! Program brochure and fully understand the nature of program courses, admission criteria, and financial policies. We agree to abide by the rules and policies stated in the brochure. As a parent/guardian, I give permission for my child to participate in the Live! Learn! Louisiana! Program. The signatures below also grant Louisiana State University the right to reproduce the student's image, likeness, or work in publications and other media. As a student, I agree to work with diligence. We further certify that all statements and materials presented as part of the application process are correct and complete and agree that the knowing submission of inaccurate, incomplete, or misleading statements or materials constitutes grounds for revocation of admission or dismissal from the program.

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Please make checks payable to: **Louisiana Museum Foundation**  
(please note in the memo space "BR summer Camp")

Send completed application, waiver form, and check to:

**Dr. Jennifer Jolly**  
**Louisiana State University**  
**College of Education**  
**223 Peabody Hall**  
**Baton Rouge, LA 70803**

**Program Information**

How did you *first* hear about the Live! Learn! Louisiana! Program?

- Fair/conference/school presentation
- School personnel (teacher, school, counselor, etc.)
- Advertisement in
- Received e-mail
- Flyer sent home from school with student
- Word-of-mouth referral
- Web search

