



NHAS STEM Program

Student Information Form

Student Name _____ Date _____

Student Age at start of Program _____ Grade at start of Program _____

Address _____ Home Phone _____

Guardian Name 1 _____ Relationship to student _____

Phone number: Home _____ Cell _____ Work _____

Street Address _____ City _____ State _____

Email Address _____

Guardian Name 2 _____ Relationship to student _____

Phone number: Home _____ Cell _____ Work _____

Street Address _____ City _____ State _____

Email address _____

List 2 relatives or friends who would pick up your child in an emergency

Name _____ Relationship _____

Phone number: Home _____ Cell _____ Work _____

Name _____ Relationship _____

Phone number: Home _____ Cell _____ Work _____

Permission

Authorization is given to take photographs, and other visual and/or audio recordings in which the NHAS participant may be included in whole or in part. Materials will be maybe used on the NHAS website, social media platforms, promotion/advertisement and/or in the interest of education, STEM, and NHAS. **Yes**____
No____

Collection of Personal Information

NHAS may request basic, personal information from you, like your name, email address, and name of your employer, telephone, fax and biographical information. NHAS uses this information to communicate with you primarily by mail, phone, fax or email. In some cases, we use this information for other purposes such as, but not limited to, the recruitment of volunteers for special tasks or assignments and solicitation of support.

Guardian Signature _____ Date _____

Annual Review Initials _____ Date _____