

NEW STUDENT
Summer Sessions 2015

PLEASE READ THE FOLLOWING DIRECTIONS PRIOR TO COMPLETING THE APPLICATION.

- Print in black or blue ink.
- Submit all printed material on 8.5" x 11" paper.
- Use additional pieces of paper as needed.
- Submit one copy of all elements.

APPLICATIONS MUST BE RECEIVED BY: WEDNESDAY, MAY 27, 2015

Part I. General InformationApplicant

First Name _____ Last Name _____

Gender: Male ___ Female ___ Birth Date _____ Grade Level ___ U.S. Citizen? Yes ___ No ___

Home Address _____ City _____ State ___ Zip _____

Parent/Guardian 1

(Please circle one) Ms. Mrs. Mr. Dr. First Name _____ Last Name _____

Relationship to Applicant _____ Education completed: High School ___ College ___ Post grad ___

Cellular Phone (_____) _____ Home Phone (_____) _____

Home Address _____ City _____ State ___ Zip _____

Email _____

Occupation _____ Employer _____

Parent/Guardian 2

(Please circle one) Ms. Mrs. Mr. Dr. First Name _____ Last Name _____

Relationship to Applicant _____ Education completed: High School ___ College ___ Post grad ___

Cellular Phone (_____) _____ Home Phone (_____) _____

Home Address _____ City _____ State ___ Zip _____

Email _____

Occupation _____ Employer _____

What language(s) is spoken at home? _____

How did you find out about Academy? _____

Would you like to receive information regarding other programs and services that support highly able students?
YES ___ NO ___

Sibling(s)

Name	Age/Grade Level	School Currently Attending

Part II. School Information & Academic/Personal History

Current School Name: _____

Address: _____

Phone: _____

Type of School/Program (Check all that apply): Public _____ Private _____ Parochial _____ Urban _____ Suburban _____

Rural _____ Home _____ Gifted Program _____ Other _____

Approximate School Enrollment _____ Class Enrollment _____ Grade Levels Offered _____

Current GPA, if applicable: Weighted _____ Unweighted _____

Please list any other school(s) your child has attended in the last three years. Please start with the most recent.

School Name	City, State	Dates Attended	Grade Level(s) Enrolled	Public / Private / Parochial

Has the applicant been identified as gifted by a school or independent tester? Yes _____ No _____

Has the applicant been identified as twice-exceptional by a school or independent tester? Yes _____ No _____

If yes, please elaborate: _____

Does your child have any learning/social/emotional needs we should know about? Yes _____ No _____

If yes, please elaborate: _____

Non-School Coursework

Please list any academic courses your child has taken outside of school within the last three years. If your child is homeschooled, please include an additional brief explanation of why you have chosen this option, describe your educational philosophy and provide a detailed homeschool curriculum including reading lists for the current year of study. If your child is already taking high school level or online courses, please include a brief summary of the course(s) or curriculum. If applicable, include a certificate of completion and grade evaluation for online coursework.

Academic, Extracurricular, Personal and Community Activities

Please list the top 3 academic, extracurricular, personal and/or community activities that your child has participated in within the last three years. Please do not feel compelled to fill in all the blanks.

Activity or Interest	Dates of Participation	Positions Held	School Related	Out of School	Approx. Wks/Yr	Approx. Hrs/ Wk

Academic Awards and Honors

Has your child received any academic distinctions, honors and/or awards? If so, please use the box below. Do not feel compelled to fill in all the blanks. Please do not include actual awards or award certificates in application.

Date Award Received	Description of Award or Distinction	Sponsoring Organization	Individual or Team

Part III. Standardized Test Scores

Please submit a copy of your child’s school-administered standardized test scores for the past two years. You may also submit additional academic or ability assessments administered within the past two years.

Part IV. Quick Takes

Please talk with your child and help him/her to respond to each of the following in one sentence or less; a single word may suffice. These questions have no right or wrong answers.

What characteristics does he/she look for in a friend? _____

Who is his/her favorite fictional character? _____

What does he/she like to do for fun? _____

What is his/her favorite book? _____

Does your child have a dream job? If so, what is it? _____

If your child could visit one place, where would it be? _____

Part V. Tell us about your child

Describe your child in three words: _____

Which of the following characteristics describe your child? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Extensive, detailed memory | <input type="checkbox"/> Extraordinary intellectual curiosity and need to learn |
| <input type="checkbox"/> Vivid imagination | <input type="checkbox"/> Unusual emotional depth and intensity |
| <input type="checkbox"/> Heightened sensitivity | <input type="checkbox"/> Intellectually active, thriving on intellectual challenge |
| <input type="checkbox"/> Thinks creatively | <input type="checkbox"/> Interested in philosophical, moral and/or social issues |
| <input type="checkbox"/> Intrinsically motivated to learn | <input type="checkbox"/> Advanced ability to understand abstract ideas & complex problems |
| <input type="checkbox"/> Well-developed sense of humor | |

How would you best characterize your child's learning style? Please check all that apply.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Physical (Kinesthetic) | <input type="checkbox"/> Aural (Auditory-Musical) | <input type="checkbox"/> Verbal (Linguistic) | <input type="checkbox"/> Visual (Spatial) |
| <input type="checkbox"/> Logical (Mathematical) | <input type="checkbox"/> Social (Interpersonal) | <input type="checkbox"/> Solitary (Intrapersonal) | |

Parent(s)/Guardian(s), please submit a supporting statement briefly discussing the most important things for us to know about your child. What are his/her special personality traits, talents, strengths/weaknesses, specific overexcitabilities and/or sensitivities, etc.?

Part VI. Sample of Student Work

Please submit a paper, project or piece of work your child has created in the past year of which he/she is most proud. Explain why this piece of work is special to him/her. The piece of work should be academic, and demonstrate creativity, ingenuity, and aptitude. Work may be submitted in any format. Artwork may be photographed and copied. **Please note that your sample work will not be returned.**

Please include a written description of the work sample with this application form, especially if the work sample is in the form of a CD, DVD, flash drive or visual art. Please indicate what medium your child is submitting and make sure the work sample is clearly labeled with his/her name.

Part VII. Medical History & Release

1. Does your child have any medical conditions? Yes _____ No _____

If yes, please explain: _____

2. Is your child currently under the care of a doctor? Yes _____ No _____

If yes, please explain: _____

3. Is your child currently taking medication? Yes _____ No _____

If yes, please list the name(s) of medication(s): _____

4. Is your child allergic to any medications? Yes _____ No _____

If yes, please list the name(s) of medication(s): _____

5. Does your child have any major allergies (including food allergies)?

Yes _____ No _____

If yes, please list the allergy/allergies: _____

6. Does your child have any special dietary needs?

Yes _____ No _____

If yes, please list his/her dietary needs: _____

7. Does your child have any difficulties seeing or hearing? Yes _____ No _____

If yes, please explain: _____

HEALTH INSURANCE ** *Please attach a copy (front and back) of your child's insurance card.*

I have attached a copy of my child's insurance card. YES _____ NO _____

Insurance Type: (Please circle one) PPO HMO Other: _____

Provider: _____

Subscriber Name: _____

ID Number: _____

Group Number: _____

PHYSICIAN'S NAME: _____ Organization: _____

Address: _____

Primary Phone: () _____ Secondary Phone: () _____

IF A LEGAL GUARDIAN OR THEIR DESIGNEE CANNOT BE REACHED;

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY THE INSTITUTE FOR EDUCATIONAL ADVANCEMENT TO HOSPITALIZE OR SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR MY CHILD.

PARENT'S INITIALS: _____ **DATE:** _____ **PARENT'S SIGNATURE:** _____

Please provide an alternate emergency contact *other than yourself*.

Emergency Contact: _____ Relationship to Student: _____

Primary Phone: () _____ Secondary Phone: () _____

PLEASE LIST ALL OF THE NAMES OF ADULTS AND/OR CAREGIVERS THAT WILL BE RESPONSIBLE FOR PICKING UP AND DROPPING OFF THE STUDENT(S) DURING THE DURATION OF THE PROGRAM. Please note that any other adults not listed will not be permitted to leave the IEA site with the student unless authorized by the student's primary parent and/or guardian.

Part VIII. Photo, Video, Transportation & Liability Release**Photo and Video Release**

We give permission for our child to be videotaped, photographed, and interviewed for broadcast or publication, and/or to have a sample of his or her work broadcast or published for current and future *Academy* classes. We understand that IEA will exercise discretion regarding media contact.

Transportation Release

We hereby acknowledge and understand that our child may be transported during any current or future *Academy* classes by staff members of IEA. The staff members are fully insured and will be operating either their own or rental vehicles. In addition, IEA reviews the driving record from the Department of Motor Vehicles for each driver prior to the start of the Program.

Liability Release

We assume full responsibility for all risk of injury or loss which may result from participation in any current and future classes at the *Academy* and agree to hold harmless, release and forever discharge IEA, its contributors and their respective officers, directors, agents and employees. We agree to waive any and all claims and demands whatsoever which we, our child or any third party may now or hereafter have against any IEA party by reason of accident, illness, injury or death to persons, or damage to, or loss of any property, arising or resulting directly or indirectly from our child's participation in this Program.

We have read and understood the above statements, and we hereby agree to all of the foregoing terms and conditions.

Student Name: _____

Name of Parent/Guardian 1: _____

Signature of Parent/Guardian 1: _____

Name of Parent/Guardian 2: _____

Signature of Parent/Guardian 2: _____

Part IX. Signature

Parent or Guardian: Please sign below to indicate that, to the best of your knowledge, all of the information in this application is accurate and true and that you understand that the decision of the *Academy* Program Coordinator is final.

Signature _____

Date _____

All applications must be received **on or before Wednesday, May 27th**.
Please submit your application via post, email, or fax to our main offices:

INSTITUTE FOR EDUCATIONAL ADVANCEMENT

569 SOUTH MARENGO AVENUE

PASADENA, CA 91101

PHONE: 626-403-8900

FAX: 626-403-8905

ACADEMY@EDUCATIONALADVANCEMENT.ORG

CLASSES WILL BE HELD AT:

1477 SAN MARINO AVENUE - 2ND FLOOR, UNITS 4A & 4B

SAN MARINO, CA 91108

PHONE: (626) 564-2803

Part X. Course Selection

Summer Session I classes begin **Monday, June 8th, and end on Friday, June 26th.**
 Summer Session II classes begin **Monday, July 6th, and end on Friday, July 24th.**

Classes meet Monday through Friday for three weeks. Please note that no more than three classes in total will run simultaneously. In some timeframes, we have included more than three options; the three classes with the highest enrollment will be the classes that will run. Please note that students must bring their own lunch.

Mini Lectures will not occur every day, but will be an additional offering for those who are interested in being exposed to areas outside of their daytime classes. These will be offered at an additional cost.

Tuition Per Session: (Discounted prices are for multiple classes taken in the same session.)

- 1 class \$ 525.00
- 2 classes \$ 1,000.00
- 3 classes \$ 1,450.00
- Full Day (Classes I, II, III & IV) \$ 1,900.00 (Full Day does not include Mini Lecture Series)

Course Selections for Session I & II

Please include your class preferences in the appropriate time slot. Current scheduling information is available at <http://educationaladvancement.org/programs/iea-academy/academy-specifics/>

Times	Session I: Class Preferences	Session II: Class Preferences
Class Slot I: 9:30AM-11:00AM	Preference 1:	Preference 1:
	Preference 2:	Preference 2:
Class Slot II: 11:15AM-12:45PM	Preference 1:	Preference 1:
	Preference 2:	Preference 2:
12:45PM-1:45PM	LUNCH (Students should bring their own lunch)	
Class Slot III: 1:45PM-3:15PM	Preference 1:	Preference 1:
	Preference 2:	Preference 2:
Class Slot IV: 3:30PM-5:00PM	Preference 1:	Preference 1:
	Preference 2:	Preference 2:
5:00PM-5:45PM	<input type="checkbox"/>	Mini Lecture Series (Please check box if you are interested)

Part XI. Payment & Discounts

PAYMENT:

Please do not include tuition payment with your child's application. We kindly ask that all families submit their tuition payments after receiving confirmation from IEA of their child's placement.

DISCOUNTS:

- **Referral Discount:** Receive a one-time \$25 discount when you refer a friend (both students must be enrolled in the Summer 2015 sessions in order for the referring family to receive the discount).
 - Name of Referred Student: _____

The *Institute for Educational Advancement* is a 501(c)(3) nonprofit organization and we rely on the support of foundations, corporations, and individuals like you to provide our programs and services to bright, deserving young minds. If you would like to make a contribution to help students in need, please enclose a separate check made payable to the *Institute for Educational Advancement* with "Scholarship" on the memo line of the check. Donations of any amount are greatly appreciated.

Contribution to Scholarship Fund \$ _____

Part XII. Policies & Procedures

Academy Policies and Procedures

- Please arrive to class on time. If your child is going to be late, please notify us by calling our San Marino office at (626) 564-2803 or our Pasadena office at (626) 403-8900.
- Please ensure you pick your child up promptly at the end of class. Instructors are required to remain 15 minutes after class, but no longer. If you arrive later than this, a charge will be applied.
- For known absences, please notify us by calling our main office at (626) 403-8900.
- Please do not allow your child to run on site.
- No monetary credit or make-up session will be offered if your child misses a class.
- Cancellation & Refund Policy: Full refunds will be issued to students who withdraw before the second class meeting. No refunds for withdrawals after the second class meeting.
- If instructors are sick or need to tend to an emergency, class days and times may change. We will send you any status updates regarding classes as soon as possible.

Standards of Student Conduct

CODE OF CONDUCT

The highest standards of behavior are expected from the *Academy's* students both in personal deportment and in dedication to academic pursuits. The *Academy* expects students:

- to respect individuals of different races, cultures, religions, genders, disabilities and national origins
- to behave in a friendly, cooperative and responsible manner toward all persons in the *Academy*
- to be responsible for one's own actions
- to be motivated
- to maintain a sense of curiosity and pride with the task at hand
- to behave in an honest and trustworthy manner
- to adhere to all rules and directions given by staff

PROHIBITED ITEMS

The following is a list of items students are prohibited from bringing to the sites:

- weapons of any kind, or any toys that look like weapons
- any flame-producing device (including matches, lighters and firecrackers)
- pets of any kind
- all electronic devices except those deemed necessary by instructors

DISMISSAL POLICY

The *Academy* cannot accommodate students who are unable to live up to the expectations set forth in the Code of Conduct. Violation of any of the policies may result in immediate dismissal. No refunds will be made to students dismissed from the *Academy*.

In addition, students may be dismissed from the *Academy* for the following reasons:

- not attending to their work in a satisfactory manner
- cheating, plagiarizing or committing other acts of academic dishonesty
- vandalism or theft
- engaging in disruptive behavior
- leaving the classroom unaccompanied by a staff member
- being in restricted areas unaccompanied by a staff member
- any violation of the safety or well-being of any person

We have read the Code of Conduct policies. We understand our responsibility to abide by the program requirements outlined above and that failure to comply may result in suspension and/or expulsion from the program.

Parent Signature _____

Date _____

Child Signature _____

Date _____