

RETURNING 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 Information**

Applicant

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 \_\_\_

**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 \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

**Part III. Medical History & Release**

Please check the box if your child's medical information has NOT changed. *Please inform us in writing of any changes and submit a current copy of your child's current health insurance card.*

\_\_\_\_\_

\_\_\_\_\_

**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.

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#### Part IV. 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 V. 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 \_\_\_\_\_

**Part VI. 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 VII. 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 VIII. 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 \_\_\_\_\_

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](mailto: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