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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: **MONDAY, JANUARY 4, 2016**

**Part I. General Information**

Applicant

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Other \_\_\_ Birth Date \_\_\_\_\_ Grade Level \_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_ Email (optional) \_\_\_\_\_

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 (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

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 (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

What language(s) is spoken at home? \_\_\_\_\_

How did you find out about Academy? \_\_\_\_\_

**Sibling(s)**

Name	Age/Grade Level	School Currently Attending

**Part II. School Information & Academic/Personal History**

Current School Name: \_\_\_\_\_

School Address

(Street, City & Zip): \_\_\_\_\_

School 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 your child been identified as gifted by a school or independent tester? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been identified as twice-exceptional by a school or independent tester? 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.

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**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**

If available, 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.

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

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

- Physical (Kinesthetic)
- Logical (Mathematical)
- Aural (Auditory-Musical)
- Social (Interpersonal)
- Verbal (Linguistic)
- Solitary (Intrapersonal)
- Visual (Spatial)

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

If yes, please elaborate: \_\_\_\_\_

Parent(s)/Guardian(s), please submit a supporting statement briefly discussing the most important things for us to know about your child. Why would your child benefit from taking this class?

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**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(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

4. Does your child self-administer or carry any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

5. Is your child allergic to any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

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

6. Does your child have any major allergies (including food allergies)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the allergy/allergies and describe the severity: \_\_\_\_\_

7. Does your child have any special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list his/her dietary needs: \_\_\_\_\_

8. Does your child have any difficulties seeing or hearing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

9. Does your child suffer from any medical, physical, emotional or behavioral conditions which might affect his/her safety and involvement while at Academy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

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

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

All applications must be received **on or before Monday, January 4, 2016**.  
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)

Please note that all classes are held at:

1477 SAN MARINO AVENUE

SAN MARINO, CA 91108

626-564-2803

## Part X. Course Selection

Winter session begins **Monday, January 11th, and ends on Saturday, March 5th**. All classes meet once per week for eight weeks, with the exception of Monday classes. Classes will not be held on Martin Luther King, Jr. and President's Day holidays.

*Please insert a 1 in the box next to those course(s) your child would like to attend. We also strongly encourage you to select a 2<sup>nd</sup> and 3<sup>rd</sup> choice to help us with scheduling.*

✓	Day	Start	End	Class	Grade	Tuition
<input type="checkbox"/>	Mon.	4:00PM	5:30PM	Astronomy (6 Meetings Only)	2nd-8th	\$282
<input type="checkbox"/>	Mon.	<b>4:00PM</b>	<b>5:00PM</b>	<b>Namaste India * (6 Meetings Only)</b>	<b>K-1st</b>	<b>\$180</b>
<input type="checkbox"/>	Tues.	10:00AM	11:30AM	Making Waves with Light	3rd-4th OR 5th-8th	\$375
<input type="checkbox"/>	Tues.	12:00PM	1:30PM	A Study of Herpetology	2nd-8th	\$375
<input type="checkbox"/>	Tues.	4:00PM	5:30PM	Games, Problems & Coding	5th-8th	\$375
<input type="checkbox"/>	Tues.	4:00PM	5:30PM	The Universe of Lewis Carroll *	3rd-8th	\$400
<input type="checkbox"/>	Tues.	4:00PM	5:30PM	Making Waves with Light	3rd-8th	\$375
<input type="checkbox"/>	<b>Wed.</b>	<b>4:00PM</b>	<b>5:00PM</b>	<b>Budding Botanists *</b>	<b>K-2nd</b>	<b>\$235</b>
<input type="checkbox"/>	<b>Wed.</b>	<b>4:15PM</b>	<b>5:15PM</b>	<b>Mindfulness for Gifted Tweens &amp; Teens</b>	<b>n/a</b>	<b>\$225</b>
<input type="checkbox"/>	Thurs.	10:00AM	11:30AM	Adaptation & Interaction	3rd-4th OR 5th-8th	\$375
<input type="checkbox"/>	Thurs.	3:30PM	5:00PM	The Study of Star Wars: A Hero's Journey! *	3rd-5th	\$385
<input type="checkbox"/>	Thurs.	4:00PM	5:15PM	Advanced Math for Independent Learners	K-2nd	\$300
<input type="checkbox"/>	Thurs.	4:00PM	5:30PM	Euclidean Constructions: Intro to Geometry	2nd-4th	\$375
<input type="checkbox"/>	<b>Fri.</b>	<b>1:30PM</b>	<b>2:30PM</b>	<b>Mindfulness for Gifted Tweens &amp; Teens</b>	<b>n/a</b>	<b>\$225</b>
<input type="checkbox"/>	<b>Sat.</b>	<b>9:45AM</b>	<b>10:45AM</b>	<b>Mindfulness for Gifted Tweens</b>	<b>n/a</b>	<b>\$225</b>
<input type="checkbox"/>	<b>Sat.</b>	<b>10:45AM</b>	<b>11:45AM</b>	<b>Mindfulness for Gifted Teens</b>	<b>n/a</b>	<b>\$225</b>
<input type="checkbox"/>	Sat.	12:00PM	1:30PM	Paleozoology: A Study of the Animal Kingdom, Past & Present	5th-8th	\$375
<input type="checkbox"/>	Sat.	12:00PM	1:30PM	Brain Science *	3rd-8th	\$385
<input type="checkbox"/>	Sat.	12:00PM	1:30PM	Game Development & Design	5th-8th	\$375
<input type="checkbox"/>	Sat.	2:00PM	3:30PM	Chemistry Lab *	2nd-8th	\$400
<input type="checkbox"/>	Sat.	2:00PM	3:30PM	Quantum Physics *	3rd-8th	\$385
<input type="checkbox"/>	Sat.	2:00PM	3:30PM	Programming with Python	4th-8th	\$375

\* Class requires a course materials fee, which is included in the cost of tuition.

**Classes in bold meet for one hour.**

### Academy's Deep Learning Quarter

Deep Learning Quarter classes meet twice per week on Mondays and Wednesdays for eight weeks, beginning **Monday, January 11th through Wednesday, March 2nd**. Class will not be held on Martin Luther King, Jr. and President's Day holidays.

✓	Days	Start	End	Deep Learning Quarter Class	Grade	Tuition
<input type="checkbox"/>	Mon. & Wed.	11:00AM	12:00PM	Scientists & Scientific Life *	2nd-3rd	\$415



**Part XI. Payment & Discounts**

DISCOUNTS:

- **Referral Discount:** Receive a one-time \$25 discount when you refer a friend (both students must be enrolled in the Winter 2016 session in order for the referring family to receive the discount).
  - Name of Referred Student: \_\_\_\_\_
- **Sibling Discount:** Receive a 10% discount for each sibling enrolled in the Winter 2016 session.

FINANCIAL AID:

Payment plans and financial aid available. Please contact [Academy@educationaladvancement.org](mailto:Academy@educationaladvancement.org) for more information.

Payment: Total Amount Due: \$ \_\_\_\_\_  
Payment method:  Check (Made payable to *Institute for Educational Advancement*)  
 Credit card (Visa or MasterCard)

For Credit Card Payments:

Card number: \_\_\_\_\_

Card validation code (Three digit number on the back of the card): \_\_\_\_\_ Expiration date: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Cardholder's name (as it appears on the credit card):

First Name (please print legibly) \_\_\_\_\_ Last Name \_\_\_\_\_

Cardholder's billing address (must match credit card billing address):

Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

The *Institute for Educational Advancement* is a 501(c)(3) nonprofit organization and relies 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 check made payable to the *Institute for Educational Advancement* with "Scholarship" on the memo line of the check. Or, you may indicate the amount you would like to donate on this credit card form. Donations of any amount are greatly appreciated.

Contribution to Scholarship Fund \$ \_\_\_\_\_

## 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 \_\_\_\_\_