



2017 ACADEMY APPLICATION

RETURNING STUDENT
Spring Session 2017
April 17th - June 5th, 2017

- Processed by _____
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- Emailed confirmation receipt
- Paid _____

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: **FRIDAY, APRIL 7, 2017**

Part I. General Information

Applicant

First Name _____ Last Name _____

Gender: Male Female Other Birth Date _____ Grade Level ____ Country of citizenship _____

Home Address _____ City _____ State ____ Zip _____

Parent/Guardian 1

Please check the box if Parent/Guardian 1's information has NOT changed. Otherwise, please indicate any changes below.

(Select 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 check the box if Parent/Guardian 1's information has NOT changed. Otherwise, please indicate any changes below.

(Select 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 _____

Part II. School Information & Academic/Personal History

Please check the box if your child's school information has NOT changed. **If your child is attending a new school, please provide the school name and address below.**

Current School Name: _____

School City & State: _____

Type of School/Program (Check all that apply):

- Public Private Parochial Suburban Urban Rural
 Home Online Gifted Program Title I School Other: _____

Current GPA, if applicable: Weighted _____ Unweighted _____

Does your child have any learning/social/emotional needs we should know about? YES NO

If yes, please elaborate: _____

Has the applicant been identified as gifted by a school or independent tester? YES NO

Has the applicant been identified as twice-exceptional (e.g. dysgraphia, dyslexia, ADHD, etc.) by a school or independent tester? YES NO

If yes, please elaborate: _____

What is the primary language spoken at home? _____

Is English your child's second language? YES NO If yes, please state the language: _____

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.

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 _____

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

If yes, check your contact preference (check all that apply): Email Mail Phone

Part VI. Course Selection

Spring session: **Monday, April 17th - Monday, June 5th.** All classes meet once per week for seven weeks, with the exception of Monday classes. Classes will not be held on Memorial Day (Monday, May 29th).

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 2nd and 3rd choice to help us with scheduling.

Rank	Day	Start	End	Courses	Grades/Ages	Tuition
	Mon	4:00PM	5:00PM	World of Biology *	K-3rd	\$250
	Tues	4:00PM	5:00PM	World of Science *	K-2nd	\$250
	Tues	4:00PM	5:30PM	Relief Printing II: Color Printing Techniques *	2nd-4th	\$400
	Wed	4:00PM	5:30PM	Kitchen Chemistry II *	K-3rd	\$400
	Wed	2:00PM	3:30PM	How to Save the World *	3rd-8th	\$400
	Wed	4:00PM	5:30PM	How to Write Scripts Like the Greats	5th-8th	\$375
	Wed	4:00PM	5:30PM	Food Chemistry *	5th-8th	\$400
	Thur	4:00PM	5:00PM	World of Science II *	K-2nd	\$250
	Thur	4:00PM	5:30PM	Logic Detectives	3rd-6th	\$375
	Fri	4:00PM	5:30PM	Planetary Boundaries	5th-8th	\$375
	Sat	10:00AM	11:30AM	Buy Me That! A Kid's Guide to Surviving Commercials	3rd-8th	\$375
	Sat	10:00AM	11:30AM	Intro to Earth Science: Water Systems *	3rd-8th	\$400
	Sat	10:00AM	11:30AM	World of Literature	5th-8th	\$375
	Sat	12:00PM	1:30PM	Electronics & Arduino *	4th-8th	\$400
	Sat	12:00PM	1:30PM	The Study of Star Wars III: Awakening the Force	2nd-8th	\$375
	Sat	12:00PM	1:30PM	Zoology	3rd-8th	\$375
	Sat	2:00PM	3:30PM	Board Games & Strategies	4th-8th	\$375
	Sat	2:00PM	3:30PM	Dinosaurs	2nd-8th	\$375

* Course requires a \$25 course materials fee, which is included in the cost of tuition.

All K-2nd grade courses meet for one hour with the exception of Kitchen Chemistry II.

All applications must be received **by Friday, April 7, 2017.**

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

Please note that all classes will be held at:

1477 SAN MARINO AVE, UNITS 4A & 4B

SAN MARINO, CA 91108

Part VII. Payment & Discounts

DISCOUNTS:

- **Multiple Class Discount:** Receive a discount if your child is enrolled in two or more courses!
 - For 90-minute classes: Receive a \$25 discount per class
 - For 1-hour classes (classes in **bold**): Receive a \$10 discount per class
- **Referral Discount:** Receive a one-time \$25 discount when you refer a friend (both students must be enrolled in the Spring 2017 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 Spring 2017 session.

SCHOLARSHIPS:

Payment plans and scholarships are available for qualifying families in need. For more information, please contact Academy@educationaladvancement.org.

PAYMENT: Total Amount Due: \$ _____ Student Name: _____

- Payment method:
- Check (Made payable to *Institute for Educational Advancement*)
 - Credit card (Visa or MasterCard)
 - Charter School Purchase Order – Amount Approved \$ _____

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 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 may be applied.
- For known absences, please notify us by calling our main office at (626) 403-8900 or emailing Academy@educationaladvancement.org.
- 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: Courses that do not meet the minimum number of students are subject to cancellation. Full refunds will be issued to students who withdraw before the second class meeting. No refunds will be issued 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 _____