



**2017 ACADEMY APPLICATION**  
**NEW STUDENT**  
Summer 2017: Sessions I, II, & II

- Processed by \_\_\_\_\_
- Scanned
- 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: MONDAY, MAY 29, 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 \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian 1**

(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**

(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 \_\_\_\_\_

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 City & State: \_\_\_\_\_

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

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

**Academic Coursework**

Please list any academic courses your child has taken outside of school. 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. If your child is homeschooled, please provide your child's homeschool curriculum including reading lists for the current year of study.

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### Extracurricular, Personal and Community Activities

In order of personal importance, please list the top 3 extracurricular, personal and/or community activities that your child has participated in. 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

### Awards and Honors

In order of personal importance, please list the top 3 distinctions, honors and/or awards your child has received. 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 do you look for in a friend? \_\_\_\_\_

Who is your favorite fictional character? \_\_\_\_\_

What do you like to do for fun? \_\_\_\_\_

What is your favorite book? \_\_\_\_\_

Do you have a dream job? If so, what is it? \_\_\_\_\_

If you could visit one place, where would it be? \_\_\_\_\_

What is your favorite time of day? \_\_\_\_\_

What is your favorite word or phrase? \_\_\_\_\_

I couldn't live without \_\_\_\_\_

## 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) |   |

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

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

Has your child been identified as gifted by a school or independent tester? YES  NO

Has your child 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: \_\_\_\_\_

**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 classes with Academy?**

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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, physical, emotional or behavioral conditions which might affect his/her safety and involvement in our program? YES  NO

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

2. Is your child currently under the care of a doctor? YES  NO

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

3. Is your child currently taking any medications? 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: \_\_\_\_\_

### **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 select 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

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

All applications must be received **by Monday, May 29, 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](mailto:ACADEMY@EDUCATIONALADVANCEMENT.ORG)

**Please note that all classes will be held at:**

1477 SAN MARINO AVE, UNITS 4A & 4B  
SAN MARINO, CA 91108

## Part X. Course Selection

Classes meet daily, Monday through Friday, for two weeks. Please note that students must bring their own lunch.

Summer Session I: June 12-23  
 Summer Session II: July 10-21  
 Summer Session III: July 24-August 4

### Course Selections

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 assist us in placing your child in an optimal match.

#### SESSION I: JUNE 12-23

RANK	START	END	COURSES	GRADES/AGES
	9:30AM	11:00AM	World of Code	Rising 1st-3rd
	11:15AM	12:45PM	Intro to Brain Anatomy & Function	Rising 1st-3rd
	11:15AM	12:45PM	Poetry & Drama Workshop	Rising 2nd-6th
	11:15AM	12:45PM	Choose Your Own Astronomy Adventure	Rising 2nd-8th
	1:30PM	3:00PM	Algorithms for Beginners	Rising 1st-3rd
	1:30PM	3:00PM	How to Write Scripts Like the Greats	Rising 4th-8th
	1:30PM	3:00PM	Math & Chemistry for Cooking - Part 1 (Course must be taken with Part 2) *	Rising 5th-8th
	3:15PM	4:45PM	Math & Chemistry for Cooking - Part 2 (Course must be taken with Part 1)	Rising 5th-8th
	3:15PM	4:45PM	How to Save the World *	Rising 3rd-8th
	3:15PM	4:45PM	Illustration for Stories & Books *	Rising 1st-3rd

\* Course requires a \$25 course materials fee

#### SESSION II: JULY 10-21

RANK	START	END	COURSES	GRADES/AGES
	9:30AM	11:00AM	Intro to Physics *	Rising 1st-3rd
	9:30AM	11:00AM	Brain Function: Zooming In to Cells & Out to Systems	Rising 3rd-5th
	9:30AM	11:00AM	Woodcut & Woodblock Printing: Origins, History, & Techniques *	Rising 4th-8th
	11:15AM	12:45PM	Algorithms for Beginners	Rising 1st-3rd
	11:15AM	12:45PM	Mosaic Elements: An Artistic Application of Euclidean Geometry *	Rising 3rd-8th
	11:15AM	12:45PM	Building with Electrical Circuits *	Rising 4th-8th
	1:30PM	3:00PM	Ancient Egypt: Arts & Innovation *	Rising 2nd-5th
	1:30PM	3:00PM	Ocean Exploration	Rising 4th-8th
	1:30PM	3:00PM	Dissolving Boundaries: The Intersection of Poetry & Art	Rising 6th-8th
	3:15PM	4:45PM	STEM Building *	Rising 3rd-8th

\* Course requires a \$25 course materials fee



**SESSION III: JULY 24-AUGUST 4**

RANK	START	END	COURSES	GRADES/AGES
	9:30AM	11:00AM	World of Code	Rising 1st-3rd
	11:15AM	12:45PM	Ocean Exploration	Rising 1st-3rd
	11:15AM	12:45PM	How'd It Do That? Algorithms in Nature & Technology	Rising 3rd-5th
	1:30PM	3:00PM	Intro to Brain Anatomy & Function	Rising 1st-3rd
	1:30PM	3:00PM	Algebra Applications	Rising 4th-8th
	3:15PM	4:45PM	Genes & Genetics	Rising 4th-8th

\* Course requires a \$25 course materials fee

## Part XI. Payment & Discounts

**TUITION PER SESSION:** (Discounted prices reflect multiple classes taken in the same session.)

1 class	\$ 350.00
2 classes	\$ 650.00
3 classes	\$ 950.00
4 classes	\$ 1,250.00

### Course Materials Fees

- **\$25.00 fee per applicable class:** Ancient Egypt; Building with Electrical Circuits; How to Save the World; Illustration for Stories & Books; Intro to Physics; Math & Chemistry for Cooking Part 1; Mosaic Elements; STEM Building; Woodcut & Woodblock Printing

### DISCOUNTS:

- **Referral Discount:** Refer a family and they will receive \$25 off Summer Academy tuition. For every family you refer, you will receive a \$10 off your child's tuition (limit up to 5 families). (Both referring and referred students must be enrolled in the Summer 2017 session.)

Name of Referred Student(s): \_\_\_\_\_

- **Sibling Discount:** Receive a \$25 discount for each sibling enrolled in the Summer 2017 session.

### SCHOLARSHIPS:

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

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

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

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](mailto: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 2 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 \_\_\_\_\_