

NEW STUDENT

Spring 2018

January 22-April 16, 2018

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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: JANUARY 12, 2018

Scholarships available!

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 academic courses your child has taken outside of school, if applicable. For online coursework, please include a certificate of completion and grade evaluation. If your child is homeschooled, please briefly describe your child’s homeschool curriculum, including reading lists for the current year of study.

Name of Course	Course Description	Name of School or Organization

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, if applicable.

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 distinctions, honors and/or awards your child has received, if applicable. 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? _____

What is your favorite word or phrase? _____

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

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

One thing I’m really good at is _____.

I wish I were better at _____.

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.

- 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)
- Aural (Auditory-Musical)
- Verbal (Linguistic)
- Visual (Spatial)
- Logical (Mathematical)
- Social (Interpersonal)
- 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

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?

Part VI. Sample of Student Work

Student work samples offer additional insight into the applicant’s interests and passion for learning. Please submit a project or piece of work your child has created in the past year of which he/she is most proud. This piece of work can be academic or non-academic, and illustrate your child’s creative process. Work samples can be any format, including photos, video, or scanned images of artwork or writing. Please include a brief description of why this submission is important to your child. **Please note that your sample work will not be returned.**

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. 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: _____

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

If yes, please explain: _____

4. Is your child currently taking any medications? YES NO

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

5. Does your child self-administer or carry any medications? YES NO

If yes, please specify: _____

6. Is your child allergic to any medications? YES NO

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

7. Does your child have any major allergies (including food allergies)? YES NO

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

8. 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:
JANUARY 12, 2018
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

Part X. Course Selection

Spring session: **Monday, Jan. 22-Monday, April 16.** All classes meet once per week for 12 weeks. Classes will not be held Monday, Feb. 19 in observance of Presidents’ Day. Unless otherwise noted, all classes will be held at:

IEA LEARNING CENTER, 540 S. MARENGO AVE, PASADENA, CA 91101

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 2nd and 3rd choice to assist us in placing your child in an optimal match.

RANK	DAY	START	END	COURSES	GRADES	TUITION
	Mon	2:30PM	3:30PM	Thinking Toolbox: Pre-Logic and Reasoning	K-2nd	\$400
	Mon	4:00PM	5:30PM	Intro to Web Design	4th-6th	\$650
	Tues	2:30PM	4:00PM	Forensic Science* CLASS HELD AT SIERRA MADRE ELEMENTARY SCHOOL	3rd-5th	\$650
	Tues	4:00PM	5:30PM	Kitchen Chemistry II*	K-3rd	\$650
	Tues	4:00PM	5:30PM	Zoology	3rd-8th	\$650
	Wed	10:45AM	11:45AM	Primary Geometry	K-2nd	\$400
	Wed	10:45AM	12:15PM	Intro to Fiction Writing	4th-6th	\$650
	Wed	4:00PM	5:30PM	Science in Action*	K-3rd	\$650
	Wed	4:00PM	5:30PM	How to Write a Great Movie	4th-8th	\$650
	Thur	4:00PM	5:30PM	STEM Building I*	2nd-4th	\$650
	Fri	9:15AM	10:15AM	Once Upon a Time: Fairy Tales Through the Ages, Level 1	1st-3rd	\$400
	Fri	10:45AM	11:45AM	Primary Math	1st-3rd	\$400
	Fri	10:45AM	12:15PM	Once Upon a Time: Fairy Tales Through the Ages, Level 2	4th-6th	\$650
	Fri	1:00PM	2:30PM	Marine Biodiversity	3rd-8th	\$650
	Fri	1:00PM	2:30PM	Physics Lab II*	4th-8th	\$650
	Fri	3:00PM	4:30PM	Myths and Monsters	3rd-8th	\$650
	Sat	10:00AM	11:30AM	Brain Function: Zooming In to Cells and Out to Systems*	5th-8th	\$650
	Sat	10:00AM	11:30AM	Programming with Python	4th-8th	\$650
	Sat	12:00PM	1:30PM	Mammalogy	3rd-8th	\$650
	Sat	12:00PM	1:30PM	Electronics and Arduino I*	4th-8th	\$650
	Sat	2:00PM	3:30PM	Dinosaurs	3rd-8th	\$650
	Sat	2:00PM	3:30PM	Intro to Robotics with Arduino**	4th-8th	\$650

* Course requires an additional \$25 materials fee

** Course requires additional \$70 materials fee for purchase of take-home robotics kit

All courses listed in **bold** meet for one hour.

Part XI. Payment & Discounts

DISCOUNTS:

- **Multiple Class Discount:** Receive a discount if your child is enrolled in two or more courses!
 For 90-minute classes: Receive \$50 off total tuition
 For 1-hour classes (classes in **bold**): Receive a \$20 discount off total tuition
- **Referral Discount:** Refer a family and they will receive \$25 off Spring Academy tuition. For every family you refer, you will receive \$10 off your child’s tuition (limit up to 5 families). Both referring and referred students must be enrolled in the Spring 2018 session.
 Name of Referred Student(s): _____
- **Sibling Discount:** Receive a \$25 discount for each sibling enrolled in the Spring 2018 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:

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 offices 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 3 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 _____