

**RETURNING STUDENT**  
Spring 2018  
January 22-April 16, 2018

- 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: JANUARY 12, 2018**



**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 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: \_\_\_\_\_

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

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, 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 2<sup>nd</sup> and 3<sup>rd</sup> choice to assist us in placing your child in an optimal match.*

RANK	DAY	START	END	COURSES	GRADES	TUITION
	<b>Mon</b>	<b>2:30PM</b>	<b>3:30PM</b>	<b>Thinking Toolbox: Pre-Logic and Reasoning</b>	<b>K-2nd</b>	<b>\$400</b>
	Mon	4:00PM	5:30PM	Intro to Web Design	4th-6th	\$650
	Tues	2:30PM	4:00PM	Forensic Science* <b>CLASS HELD AT SIERRA MADRE ELEMENTARY SCHOOL</b>	3rd-5th	\$650
	Tues	4:00PM	5:30PM	Kitchen Chemistry II*	K-3rd	\$650
	Tues	4:00PM	5:30PM	Zoology	3rd-8th	\$650
	<b>Wed</b>	<b>10:45AM</b>	<b>11:45AM</b>	<b>Primary Geometry</b>	<b>K-2nd</b>	<b>\$400</b>
	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
	<b>Fri</b>	<b>9:15AM</b>	<b>10:15AM</b>	<b>Once Upon a Time: Fairy Tales Through the Ages, Level 1</b>	<b>1st-3rd</b>	<b>\$400</b>
	<b>Fri</b>	<b>10:45AM</b>	<b>11:45AM</b>	<b>Primary Math</b>	<b>1st-3rd</b>	<b>\$400</b>
	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 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 \$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](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 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](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 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 \_\_\_\_\_