

GENERAL INSTRUCTIONS

- Please review your Payment Information card, and the contents of pages 24-25 of your Viewbook before completing the application: **Specifically: Fees and Payments; Insurance; Refund Policy; How to Apply; and Admissions Considerations**
- Application must be typed or neatly handwritten in black ink.
- Please fill out all sections that require information from you.
- On the application, we ask you to provide us with the email address of the enrolling student, the person to be billed, and each parent/guardian so we may send registration and program updates via email. In the event of a summer emergency, email is also the fastest way for us to get in touch with the families of our students.
- Parents or guardians should assist students with completing the application to ensure that all information is complete and accurate.
- All applications must be accompanied by a deposit, unless space has already been reserved with a deposit. **Deposits become non-refundable after March 1, 2008.** Deposits for wait-listed students are not cashed until the student is enrolled. Required deposit amounts are listed above.
- Do not wait for completion of the School Evaluation or medical forms before sending in this application.
- Mail your application with deposit to: **Exploration Summer Programs, 932 Washington Street, PO Box 368, Norwood, MA 02062**

2008 DEPOSIT RATES

	One Session	Two Sessions
Residential Deposit	\$750	\$1000
Day Deposit	\$400	\$600

INTERNATIONAL STUDENTS

- **Do not complete this application.** Please contact our office for a copy of the international application.

SCHOLARSHIP AND GRANT APPLICANTS

- Applicants intending to apply for any form of financial aid should contact our office to receive our financial aid information packet and application. The application will not be complete until that form and all supporting documentation is also received. Be sure to check the box at the bottom of the "Parent Information" section to inform us that you will be applying for financial aid. **Do not send a deposit if applying for a scholarship.**

DAY STUDENT TRANSPORTATION

- Please refer to page 23 of your Viewbook for details about day student transportation options.

COURSE PREFERENCES INSTRUCTIONS

- In the spaces provided, please list 6 choices of courses you are willing to accept for each course period, in order of preference. You will be placed in two courses, one for each period, based on your stated preferences and available space. Please review course choices on pages 2 and 3 of the Supplement to complete this section. Course descriptions begin on page 4.

SCHOOL EVALUATION FORM

- Please detach the School Evaluation form at the perforation, fill out the top section marked "TO BE FILLED OUT BY APPLICANT." Give the form to a teacher, administrator, or guidance counselor along with a stamped, pre-addressed envelope. **Do not wait until this form is completed to submit your application.** Please have this form returned to us within two weeks of receipt of your confirmation.
- Registration is incomplete without a School Evaluation. **Students will not be admitted on arrival day without a completed School Evaluation Form.**

MEDICAL FORM INSTRUCTIONS

- The medical forms are not enclosed in your folder. The medical forms will be mailed to families along with a confirmation of student enrollment.
- The medical forms must be completed by the parents/guardians and a doctor and returned to Exploration by April 1, 2008 with a copy of the student's health insurance card.
- A physician's standing orders, signed by a physician and current through the dates of the Program, for **each** medication a student is taking **must** be received prior to the start of the Program.
- For students applying after March 15, the medical forms will be due within three weeks of the day of confirmation.
- **Registration is incomplete without all necessary medical forms. Students will not be admitted on arrival day without completed medical forms.**

Application must be typed or printed in BLACK ink

For Office Use Only

APPLICATION STATUS

- Applying Now
 Space Reserved (deposit already sent)
 On the Wait List (deposit already sent)

STUDENT INFORMATION

Student's Name _____ Date of Birth _____ / ____ / ____
 Home Address _____
 City _____ State _____ Zip/Postal Code _____
 Email _____ Phone _____ Name of Current School _____

Gender
 Male Female
 Grade in September 2008
 4 5 6 7
 Student's Age as of June 2008
 9 10 11 12

COMPLETE THIS BOX

PARENT/GUARDIAN INFORMATION

Person to be Billed _____ Relationship to Student _____
 Home Address _____ Email _____
 City _____ State _____ Zip/Postal Code _____
 Day Phone _____ Evening Phone _____ Fax Number _____

Parent/Guardian _____
 Home Address _____ Email _____
 City _____ State _____ Zip/Postal Code _____
 Day Phone _____ Evening Phone _____ Fax Number _____

Parent/Guardian _____
 Home Address _____ Email _____
 City _____ State _____ Zip/Postal Code _____
 Day Phone _____ Evening Phone _____ Fax Number _____

If parents are separated or divorced: Who has legal custody? 1 _____ 2 _____
 Note: Unless provided with legal documentation to the contrary, Exploration will provide both parents with equal access to a child and his/her records. Who has physical custody? 1 _____ 2 _____

<h4>CHOICE OF SESSIONS</h4> <p>For each session that you will attend, please mark your preference as either a residential or day student.</p>	<h4>I will attend FIRST SESSION</h4> <p> <input type="radio"/> As a RESIDENTIAL student (6/29 - 7/19) <input type="radio"/> As a DAY student (6/30 - 7/18) </p>	<h4>I will attend SECOND SESSION</h4> <p> <input type="radio"/> As a RESIDENTIAL student (7/20 - 8/9) <input type="radio"/> As a DAY student (7/21 - 8/18) </p>
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DISCOUNT ELIGIBILITY

My brother/sister is also attending Exploration. His/her name is _____ .
 He/she will attend First Session Second Session at the Senior Program Intermediate Program Junior Program
 My mother/father is a full-time employee of Yale University, Wellesley College, or St. Mark's School as _____ .
 Do you intend to apply for a Scholarship or Grant from Exploration? Yes No
 If yes, have you received the Financial Aid Application necessary to apply? Yes No



Student's Name _____

COURSE PREFERENCES

In the spaces provided, please list six choices (in order of preference) of courses you are willing to accept **for each course period**. Please refer to the course listings on pages 2-3 of the 2008 Supplement for course numbers. Pioneer course descriptions begin on page 4. Voyager descriptions begin on page 8.

FIRST PERIOD OF THE DAY

1st Choice

2nd Choice

3rd Choice

4th Choice

5th Choice

6th Choice

SECOND PERIOD OF THE DAY

1st Choice

2nd Choice

3rd Choice

4th Choice

5th Choice

6th Choice

MINI-COURSE PREFERENCES

In the spaces provided, please list ten choices (in order of preference) of mini-courses you are willing to accept. You will be assigned two mini-courses. Please refer to pages 14-17 of the 2008 Supplement for a complete listing and description of mini-courses.

MINI-COURSES

1st Choice

2nd Choice

3rd Choice

4th Choice

5th Choice

6th Choice

7th Choice

8th Choice

9th Choice

10th Choice

DAY STUDENT TRANSPORTATION PREFERENCE

Check the appropriate selection: My family will provide transportation or I am interested in bus pick-up from a central point (\$125 per 3-week session)

Local Guardian's Name (if different from that listed in Parent/Guardian Information) _____

Home Address _____

City _____

State _____

Zip/Postal Code _____

Day Phone _____

Evening Phone _____

HEALTH INSURANCE INFORMATION

If this section is not completed, or if the student has inadequate medical coverage, the student will be charged for a short-term insurance policy. At the time of this printing, the cost of the insurance policy has not been set.

Subscriber's Name _____

Employer _____

Social Security Number _____

Policy Number/I.D. Number _____

Group Number (if applicable) _____

Insurance Carrier (i.e. Blue Cross/Blue Shield) _____

Type of Coverage (i.e. HMO, PPO, etc.) _____

This evaluation is due within two weeks of receipt of your confirmation.
The application process is not complete until we receive this evaluation.

**Evaluation must be typed
or printed in BLACK ink**

TO BE FILLED OUT BY APPLICANT

Final acceptance to the Program is contingent upon receipt of this evaluation. Please complete all information in the two boxes on this page, except for the evaluator's signature. Detach and give the form, along with a stamped envelope addressed to Exploration, to a teacher, guidance counselor, or principal who knows you well. Address the envelope to:

Exploration Summer Programs, 932 Washington Street, PO Box 368, Norwood, MA, 02062

Name of Student

Student Phone

Student Address

Under the provision of the Family Rights and Privacy Act, I waive any right of access that I might have to this evaluation form.

Signature of Parent/Guardian

Date

Gender

Male Female

This student will be

Residential Day

Session Student is Attending

First Second

Student's Age as of June 2008

9 10 11 12

COMPLETE THIS BOX

Applicant Name

Last Name

First Name

Middle Initial

TO BE FILLED OUT BY EVALUATOR

Upon completion of this form, please sign below and return the evaluation directly to Exploration Summer Programs.

Name of Evaluator

School Name

School Address

School Phone

Signature of Evaluator

Date

Homeschooled Students:

If you are being homeschooled, we ask that you submit two evaluation forms. The first should be completed by the adult homeschooling you. The second should be completed by a non-relative who knows you well such as a coach, community service advisor, instructor or the like.

You may photocopy this form or call our office for an additional copy.

Teachers, Guidance Counselors, and Principals:

The purpose of this evaluation is to help us better serve students while they are at Exploration during the summer. We strongly encourage you to be candid and thorough in your responses. Thank you for taking the time to complete this form. We appreciate your assistance.

How long have you known the student? _____ **Please indicate the student's current grade level:** _____

In what capacity do you know the student? _____

About the Exploration Summer Programs

Exploration is a residential and day enrichment program for students who wish to explore academic disciplines as well as enhance their intellectual and social experiences. The Program is for students who are interested in learning. There are three divisions: the Senior Program at Yale University for students entering grades 10-12; the Intermediate Program at Wellesley College for students entering grades 8+9; and the Junior Program at St. Mark's School for students entering grades 4-7. We serve and welcome students with a broad range of abilities. All, however, should be enthusiastic about participating in a program of this kind.

Each year, Exploration welcomes students from more than 40 states and 40 countries. Students come from a wide variety of backgrounds, and Exploration offers a financial aid program to ensure that all socio-economic groups are represented. Students are often introduced to Exploration by their teachers. For further information, please visit our website at <www.explo.org> or contact us at 781.762.7400.

Name of Student _____

TO BE FILLED OUT BY EVALUATOR

Please rate the candidate in the categories listed below.

	HIGH		AVERAGE				POOR		NOT ABLE TO JUDGE
	7	6	5	4	3	2	1	NA	
Eagerness to Learn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to Adjust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Emotional Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-Confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to Work with Peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship to Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

I recommend this student for admission: Enthusiastically Strongly Mildly With Reservations Not at All

Please describe specifically any attitudes, abilities, or activities that appear to be especially noteworthy. We are particularly interested in those that may affect classroom or residential life. If the student has been involved in a serious infraction of school/community rules or laws, please explain.