

GENERAL INSTRUCTIONS

- Please review your Payment Information card, and the contents of page 21-22 of your Supplement before completing the application. **Specifically: Fees and Payments; Insurance; Refund Policy; How to Apply; and Admission 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 Form to send 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 our 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 (deadline: March 1). The application will not be complete until that form and all supporting documentation are also received. Be sure to check the circle at the top of the front page under "Application Status" to inform us that you will be applying for financial aid. **Do not send a deposit if applying for a scholarship.**

RESIDENTIAL HOUSING REQUEST INSTRUCTIONS

- Students in the Senior Program may request **one person** to be assigned to the same room, suite, or living group. No requests are guaranteed. In order to be honored, both students must be in the same grade and request one another on the Housing Questionnaire mailed to enrolled students in the spring.

DAY STUDENT TRANSPORTATION

- Please refer to page 23 in the Supplement for details regarding day student transportation options.

COURSE PREFERENCES INSTRUCTIONS

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

AFTERNOON ACADEMIC BLOCK INSTRUCTIONS

- You will enroll in one of two different afternoon academic options. On the application, indicate which option you select for each session you are coming to the Program. Each session you can choose either a 3-week Princeton Review Course, or two mini-courses. See pages 16-17 in the Supplement for more details.

SCHOOL EVALUATION FORM

- Please detach this form at the perforation, fill out the top section marked "To be filled out by applicant." Give 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.**
- Registration is incomplete without a School Evaluation. **Students will not be admitted on arrival day without a completed School Evaluation Form.**

MEDICAL FORMS INSTRUCTIONS

- The medical forms are not enclosed in this catalog. 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 April 1, 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.**

Student's Name _____

COURSE PREFERENCES THIS SECTION MUST BE COMPLETED

In the spaces to the right, please list six choices (in order of preference) of courses you are willing to accept for each period. You will be assigned one course for each period.

Refer to the course listings on pages 2-3 of the supplement.

First Period (9:10am)

First Period courses are numbered in the 100s.

1st Choice _____

2nd Choice _____

3rd Choice _____

4th Choice _____

5th Choice _____

6th Choice _____

Second Period (10:50am)

Second Period courses are numbered in the 200s.

1st Choice _____

2nd Choice _____

3rd Choice _____

4th Choice _____

5th Choice _____

6th Choice _____

AFTERNOON OPTIONS THIS SECTION MUST BE COMPLETED

Please select ONE of the following afternoon options.

Refer to afternoon options on page 16 of the supplement.

Option 1: Princeton Review [or]

Enroll me in one of the following:

SAT Math Preparation (\$550)

SAT Critical Reading/Writing (\$550)

PSAT Preparation (\$550)

Study Smart (\$400)

Option 2: Mini-Courses

If you select this option, you will take two mini-courses during the summer. We will mail you a complete list of this year's mini-course options later in the Spring.

Option 2: Mini-Course + Crew

Students participating in afternoon mini-courses have the option of enrolling in a special crew mini-course (which will take the place of one regular mini-course during the summer). The crew mini-course is available for an additional fee. (\$150)

OPTIONAL SPECIAL WEEKEND EVENTS — THIS SECTION IS NOT REQUIRED

Special Weekend Events take the place of our regular weekend trips. Read page 20 of the Supplement before you sign up for one of these events.

Note: On each weekend day there will be 6-8 additional trip offerings (not listed here) that do not require advance sign-up. See page 25 of the viewbook.

1st SESSION	Weekend 1 (July 5-6)	Weekend 2 (July 12-13)	2nd SESSION	Weekend 1 (July 26-27)	Weekend 2 (Aug 2-3)
	<input type="radio"/> Boston, MA (\$210)	<input type="radio"/> Boston, MA (\$210)		<input type="radio"/> Boston, MA (\$210)	<input type="radio"/> Boston, MA (\$210)
	<input type="radio"/> Newport, RI (\$120) (Sun)	<input type="radio"/> Washington, DC (\$420)		<input type="radio"/> Newport, RI (\$120) (Sun)	<input type="radio"/> Washington, DC (\$420)
		<input type="radio"/> College Workshop (\$135) (Sat)			<input type="radio"/> College Workshop (\$135) (Sat)
		<input type="radio"/> Sailing Clinic (\$190)			<input type="radio"/> Sailing Clinic (\$190)

OPTIONAL WEDNESDAY COLLEGE TRIPS — THIS SECTION IS NOT REQUIRED

On Wednesdays, you may opt out of our regular schedule in order to tour select northeastern campuses. See page 18 of the Supplement.

Note: College trips are not required. Space is limited and will be filled on a first-come, first-served basis. Priority will be given to rising Juniors and Seniors.

1st SESSION	Week 1 (\$35)	Week 2 (\$35)	Week 3 (\$35)
	<input type="radio"/> Harvard University + M.I.T.	<input type="radio"/> Amherst College + Hampshire College	<input type="radio"/> Harvard University + M.I.T.
	<input type="radio"/> Columbia University + Fordham University	<input type="radio"/> New York University + Sarah Lawrence	<input type="radio"/> Brown University + Providence College
	<input type="radio"/> Trinity College + Wesleyan University	<input type="radio"/> Brown University + Providence College	<input type="radio"/> Boston College + Boston University
2nd SESSION	Week 1 (\$35)	Week 2 (\$35)	Week 3 (\$35)
	<input type="radio"/> Harvard University + M.I.T.	<input type="radio"/> Amherst College + Hampshire College	<input type="radio"/> Harvard University + M.I.T.
	<input type="radio"/> Columbia University + Fordham University	<input type="radio"/> New York University + Sarah Lawrence	<input type="radio"/> Brown University + Providence College
	<input type="radio"/> Trinity College + Wesleyan University	<input type="radio"/> Brown University + Providence College	<input type="radio"/> Boston College + Boston University

LINENS

Exploration does not provide towels or bed linens. We will: Provide our own linens [or] Purchase a set from Exploration (\$20)

DAY STUDENTS ONLY — DAILY TRANSPORTATION

My family will provide transportation. Daily bus shuttle to/from Union Station in New Haven. I will be driving to/from the Program.

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 this insurance policy has not been set.

Subscriber's Name _____

Employer _____

Social Security Number _____

Policy Number/ID Number _____

Group Number (if applicable) _____

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

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

Student's Name _____

EMERGENCY CONTACT INFORMATION Please list two emergency contact numbers, in order of preference. Please indicate at least one person, other than parents/guardians, who can be reached during the day and at least one person who can be reached during nights and weekends.

Name #1	Relationship to Student	Day Phone	Evening Phone
Name #2	Relationship to Student	Day Phone	Evening Phone

EXPLORATION SCHOLARSHIP FUND

Would you be interested in contributing to the Exploration Scholarship Fund? Yes No

We have enclosed \$ _____ as a tax-deductible contribution to the Exploration Scholarship Fund.

STUDENT AGREEMENT — THIS SECTION MUST BE SIGNED BY ENROLLING STUDENT

My signature below indicates that I have read and understand the section on community guidelines (pages 21-22 in the Supplement) and that I am willing to abide by the rules in order to remain enrolled at the Program.

Name of Student _____ Signature of Parent or Legal Guardian _____ Date _____

PARENT/GUARDIAN AGREEMENT — THIS SECTION MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN AND CANNOT BE ALTERED

Emergency Care Authorization: In the event that I cannot be reached with reasonable effort, I hereby authorize by my signature any licensed physician or licensed health care professional selected by the administrators of the Exploration School, Inc. to secure appropriate treatment for, give injections, administer anesthesia, perform surgery, and/or do any other procedure which, in his/her opinion, is reasonably necessary in light of the condition of the named student.

Name of Student _____ Signature of Parent or Legal Guardian _____ Date _____

Permission to Participate: I give my full consent and permission for my child to participate in all co-curricular, extra-curricular, recreational, and athletic activities offered by Exploration School, Inc., and I represent that my child's physician has provided him/her with medical clearance to participate in all these activities. I also represent that my child has not been advised by a health care provider that he or she should not participate in physical or other activities offered by Exploration School, Inc., except as already disclosed to Exploration School, Inc. in writing. I represent I will inform Exploration School, Inc. immediately if the aforementioned statements are no longer accurate.

INITIAL HERE _____

Acknowledgement of Risk: I recognize that Exploration School, Inc. believes that students learn best through active involvement in a variety of learning experiences. I am aware that all students will be involved in a wide range of co-curricular and extra-curricular programs. I am also aware that Exploration School, Inc. believes that such activities are of greatest value when students are afforded increased autonomy, independence and responsibility. I understand that this may also expose students to risks, including, but not limited to, risk of personal injury, illness, death, and property damage and theft. I acknowledge and accept these risks on behalf of my child.

Release: In consideration of attending Exploration School, Inc., I, on behalf of myself and my child and his/her other parent, and our respective heirs, executors, administrators, successors and assigns (collectively referred to as "Releasers"), hereby voluntarily release, discharge and relinquish fully any and all claims, causes of actions, and legal actions, of all types, against Exploration School, Inc., its owners, officers, trustees, employees, agents, insurers, and representatives (collectively referred to as the "Released Parties"), and agree that Releasers will not prosecute, present or otherwise pursue any claim of action for personal injury, property damage or theft, or wrongful death against any Released Parties arising from, or relating to, Releaser's participation in Exploration School, Inc.'s programs, including but not limited to, the activities on and off the primary location of the programs, and all related travel, to the fullest extent permitted by law.

Governing Laws: This Agreement and all matters relating hereto, including any matter or dispute arising in contract, tort, violation of statute or otherwise, shall be interpreted, governed, and enforced according to the laws of the United States of America, and, in particular, of the Commonwealth of Massachusetts. The parties to this Agreement consent and submit to the exclusive jurisdiction and venue of the Massachusetts courts in Norfolk County, Massachusetts and/or the Federal District Court, Suffolk County, Massachusetts as determined by applicable rules of court, to address all matters arising under or related to this Agreement. The parties acknowledge that this Agreement and the student's participation in Exploration School, Inc.'s programs constitute a business transaction within Massachusetts.

General: Exploration School, Inc. in the operation of its summer program shall not be held responsible for any personal injury or loss of property suffered or caused by any of its students. Exploration School, Inc. does not reimburse students for personal injury, or loss, theft, or damage of personal property. Exploration School, Inc. reserves the right to terminate participation of any student without refund and without formal hearing when the administrators of the Program deem it to be in the best interest of either the student or the Program. Exploration School, Inc. is granted permission to use the names and photographs of Program participants in publicity materials, including its web site. I affirm that I have read and accept the refund policy as stated on the Payment Information Card. I also understand that my child's enrollment at the Program is contingent upon his/her ability to abide by the rules and standards of the Program as outlined in the community guidelines on pages 21-22 in the Supplement and as required during the course of the Program. I affirm that all the information I have provided in this application is complete and true. The undersigned parent or guardian acknowledges reading the above, understanding its content, and agreeing to its terms and conditions.

Name of Student _____ Signature of Parent or Legal Guardian _____ Date _____

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

Gender

Male Female

This student will be

Residential Day

Grade in September 2008

10 11 12

COMPLETE THIS BOX

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

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 parent/guardian 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.

Continued on the reverse

Applicant Name

Last Name

First Name

Middle Initial

Name of Student _____

TO BE FILLED OUT BY EVALUATOR

Please rate the candidate in the categories listed below.

	EXCELLENT			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"/>
Adjusts to Change	<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 with Teachers	<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.