

Application Instructions

Applying to Exploration

Admission to Exploration is contingent upon space availability, as well as age considerations. Students may enroll for one or two sessions. Space in the Program is reserved upon the receipt of a deposit and a completed application.

Students who reserve space at Exploration before January receive advance copies of our 2010 course catalog and have the first opportunity to reserve space in specific courses, workshops, and special events.

The 2010 course catalog will be available for the general public in early January.

Reserving a Space

An application and deposit is used to reserve your space at the Program. We prefer applicants to use our secure online application.

Applicants who wish to pay their deposit via credit card must use our online application.

You may use either application to pay your deposit via check or bank wire. Please note that credit cards are accepted for online deposits only, not for final payment. Final payments must be made by check, domestic wire, or international cable.

Upon receipt of a completed application and deposit, our Program registrars will send a confirmation of enrollment. Within two weeks of enrollment, applicants must submit a school evaluation form (available on our website's downloads page), which should be completed by a teacher or guidance counselor who knows the student well. Applicants who attended and completed one of the Exploration Programs in 2009 do not need to submit a school evaluation form.

In addition, medical and health forms (sent to families after enrollment) must be received by Exploration prior to the start of the Program, or a student will not be allowed to register and attend any Exploration Programs.

Selecting Courses

New courses, workshops, and special trips for 2010 are announced in January.

While there is a similar range of courses and events offered each year, specific options may change year to year.

All students enrolled prior to January receive advance notice of these options and, when they become available, receive information on how to select their courses.

Students who enroll after new courses, workshops, and special trips are announced in January will receive information on how to select their courses upon confirmation of space availability.

2010 Program Dates

RESIDENTIAL PROGRAMS

Session One: June 27 - July 17

Session Two: July 18 - August 7

DAY PROGRAMS

Session One: June 28 - July 16

Session Two: July 19 - August 6

Deposits

A deposit payment is required in order to reserve a space at Exploration. Deposits are credited to your final balance. Please note, Exploration will not reserve space at the Program until your deposit payment is received. Deposit rates are as follows:

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

Once your deposit payment has been received, Exploration Summer Programs will email confirmation to you with the amount of your deposit credited to the tuition balance.

Credit cards are accepted for online deposits only, not for final payment.

In the event that space is not available at a Program, families will be notified by email that the student has been placed on a waitlist and Exploration will hold the deposit. If space does not become available for the student, or if the family wishes to be removed from the waitlist, the deposit will be returned at that time.

Students applying after the final balance due date of May 1, 2010 must pay the bill immediately after acceptance. Students enrolling after June 1, 2010 must pay the final bill by bank check, certified check, money order, or wire transfer. Any returned checks will result in a charge of \$20.

Refund Policy

Deposits are refundable until March 1, 2010. After that date, deposits are non-refundable.

Between May 1 and the Program's start date, a full or partial refund of tuition (minus the deposit) will be considered only if the student can be replaced.

Every student enrolled at Exploration is automatically covered by tuition refund insurance administered by A.W.G. Dewar, Inc. and underwritten by the member companies of OneBeacon Insurance Group. This plan does not provide coverage for any event or circumstances prior to the first day of the Program session. The insurance covers students once they have arrived at the Program and provides for a partial tuition refund based on the number of days left in a session should a student leave before the end of the session. The only refunds that will be made are those that are covered under the terms of this insurance policy.

Final Payment

Exploration Summer Programs will mail and email an invoice for the Programs selected.

Final payments must be received in full by May 1, 2010 for all students regardless of which session they will attend.

Final payments must be made by check (drawn on US banks) or wire transfer. All funds must be transmitted in US dollars. Credit cards are accepted for online deposits only, not for final payment.

Payment by Check

Checks must be drawn on US banks in US funds. We will not accept checks drawn on a foreign bank.

MAKE CHECKS PAYABLE TO: Exploration School, Inc.

Include the name of the student and the Program they are attending on the check (e.g. Jane Smith, Senior Program).

MAIL TO:
Exploration School, Inc.
932 Washington Street
PO Box 368
Norwood, MA 02062
USA

Payment by Wire

All wires should be in US dollars and net of all bank fees.

There are often bank service charges for international wires at both the originating bank and intermediary banks before the money arrives at Exploration's account. Your bank can provide you with further details.

Our bank, as a US bank, does not have an IBAN and our account does not have a SWIFT number. International banks should not have a problem wiring funds to us without an IBAN or a SWIFT.

Specify the student's name and the Program they are attending (i.e. Jane Smith, Senior Program).

Here is the information you will need to wire your deposit:

Beneficiary Bank Name: TD Bank, Massachusetts
Beneficiary Bank Address: 95 Washington Street
Canton, MA 02021

Beneficiary Bank ABA Number: 211 370 545

Beneficiary's Name: Exploration School, Inc.
Beneficiary's Address: 932 Washington Street
PO Box 368
Norwood, MA 02062

Beneficiary's Account Number: 8246 696 683

EXPLORATION APPLICATION 2010

[For Students Entering Grades 4-7]

For Office Use Only



Student's Last Name

First Name

STUDENT INFORMATION

STUDENT'S NAME: **First, Last** (Please write name as if on an official document) _____ Nickname _____

Home Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Student's Email _____ Phone _____

Name of Current School _____ Type (Public, Private, Charter...) _____ School Location (Country) _____

Primary Language of Instruction at School _____ Primary Language of Student _____

DATE OF BIRTH (Month/Day/Year) _____ / _____ / _____

Gender

- Male
 Female

Grade in September 2010

- Fourth Grade
 Fifth Grade
 Sixth Grade
 Seventh Grade

CHOOSE PROGRAM + SESSION

The Junior Program (3-Week)

For each session that you will attend, please mark your preference as either a residential or day student.

Residential Student

- First Session (6/27-7/17)
 Second Session (7/18-8/7)

Day Student

- First Session (6/28-7/16)
 Second Session (7/19-8/6)

Focus Programs (2-Week)

Focus programs are residential and open to students entering grades 6+7.

Veterinary Science

- First Session (7/4-7/17)
 Second Session (7/18-7/31))

Emergency Medicine

- First Session (7/4-7/17)
 Second Session (7/18-7/31)

PARENT/GUARDIAN INFORMATION If Parents are Separated/Divorced: Please note that unless provided with legal documentation to the contrary, Exploration will provide both parents with equal access to a child and his/her records. Please contact the Head of Program to discuss any concerns with this policy.

PERSON TO BE BILLED (Please write name as if on an official document)

Home Address _____ Email _____

City _____ State/Province _____ Postal Code _____ Country _____

Primary Phone _____ Secondary Phone _____ Fax Number _____

Parent/Guardian Name#1 if different than person to be billed (Please write name as if on an official document)

Home Address _____ Email _____

City _____ State/Province _____ Postal Code _____ Country _____

Primary Phone _____ Secondary Phone _____ Fax Number _____

Parent/Guardian Name#2 if different than person to be billed (Please write name as if on an official document)

Home Address _____ Email _____

City _____ State/Province _____ Postal Code _____ Country _____

Primary Phone _____ Secondary Phone _____ Fax Number _____

FINANCIAL AID— Before applying for financial aid, we strongly recommend you contact our Financial Aid Coordinator at 781.762.7400.

Exploration offers two forms of financial aid: Grants and Scholarships. Both types of aid are based on financial need; there are no merit-only awards. Grant awards are up to \$1000 for residential students/\$500 for day students. If you are applying for a grant, a deposit is required. Scholarship awards range from \$1,000 to more than \$4,800 and do not require a deposit. Full scholarships are extremely competitive. (Grants are available for the Focus Programs, but scholarships are not.)

- I INTEND TO APPLY FOR A GRANT and will submit a deposit with my application.
- I INTEND TO APPLY FOR A SCHOLARSHIP and will NOT submit a deposit.

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 this time, the cost of the insurance policy has not been set.

- Health Insurance:** Our family has American health insurance issued by an insurance company located in the USA. (Please complete the section below).
 Please enroll my student in the short-term basic accident/health insurance policy.

_____ SUBSCRIBER'S NAME	_____ Employer
_____ Policy Number/ID Number	_____ Group Number
_____ Insurance Carrier (i.e. Blue Cross/Blue Shield)	_____ Type of Coverage (i.e. HMO, PPO, etc.)

Medical forms will be made available to enrolled families beginning in January. These forms—some of which will need to be completed by a doctor—are required for registration and must be returned to Exploration by April 1, 2010. Additionally, families with American insurance will need to submit a copy of their insurance card. For students applying after March 15, these medical forms will be due within three weeks of the day of confirmation. Registration is incomplete and students will NOT be admitted on arrival day without all necessary medical forms and appropriate health insurance coverage.

EMERGENCY CONTACT INFORMATION

Please list, in order of preference, two emergency contacts (up to three) other than the parent/guardian(s) already listed in the application. Please list at least one person who can be reached during the day and at least one person who can be reached during evenings and weekends.

For international families: if possible, please include at least one emergency contact who lives in the United States and could serve as a primary US contact in the event that contacting a student's family is difficult.

_____ NAME #1	_____ Relationship to Student	_____ Primary Phone	_____ Secondary Phone
_____ NAME #2	_____ Relationship to Student	_____ Primary Phone	_____ Secondary Phone
_____ NAME #3	_____ Relationship to Student	_____ Primary Phone	_____ Secondary Phone

DAY STUDENT TRANSPORTATION

- This section is only for day students who will be staying off campus with family or friends in the Boston area.**
- I would like to sign up for bus service (US\$165 per 3-week session). If you select this option, please download our bus schedule, select your stop, and return it with your application.
 My family will provide transportation.

_____ LOCAL GUARDIAN'S NAME (if different from that listed in Parent/Guardian information on page 1)	_____ Relationship to Student		
_____ Home Address	_____ City	_____ State	_____ Zip
_____ Primary Phone	_____ Secondary Phone		

DISCOUNT ELIGIBILITY

Sibling Discount: My sibling is also attending Exploration. His/her name is: _____
 Sibling will attend First Session Second Session at the Junior Program Intermediate Program Senior Program

Employee Discount: Parent/Guardian is an employee of Exploration Summer Programs.
 His/her name is: _____ Position: _____

School Discount: Parent/Guardian is a full-time employee of Yale University Wellesley College St. Mark's School.
 His/her name is: _____ Position: _____



FOCUS PROGRAM APPLICATION ESSAY

Applicants to our Focus Programs are required to submit an essay as part of the application process.

The essay should answer the following three questions:

- 1) Why are you interested in this Focus Program?**
- 2) What do you hope to get out of this Focus Program?**
- 3) What will you contribute to this Focus Program?**

Please note: Your application to the Focus Program will not be processed until Exploration receives both your application essay and a completed School Evaluation Form*. Once the Admissions Committee has received all items related to your application, the Committee will make a determination on your acceptance into the Program within ten days.

*The School Evaluation Form is not required for students who attended Exploration in 2009 and who completed the Program in good standing.

SUBMITTING YOUR FOCUS PROGRAM ESSAY:

Email your completed essay (with your name and the Focus Program session to which you are applying) to the appropriate email address:

Culinary Arts Focus Program [entering grades 8+9]:	culinaryarts@explo.org
Television + Movie Industry Focus Program [entering grades 8+9]:	tvmovie@explo.org
Veterinary Science Focus Program [entering grades 6+7]:	vetscience@explo.org
Emergency Medicine Focus Program [entering grades 6+7]:	ER@explo.org

Alternatively, mail your essay to:

**Focus Program Admissions Committee
Exploration Summer Programs
932 Washington Street
Norwood, MA 02062**

PARENT AGREEMENT [for students entering grades 4-7]



THIS SECTION MUST BE COMPLETED BY A 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 administration of the Exploration School, Inc. to secure 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

ADMISSIONS CONSIDERATIONS Many different types of children have had successful summers at Exploration. It is important, however, for parents/guardians to understand that the Program might not be a good match for some youngsters. In assessing whether Exploration is suitable, parents/guardians should consider whether their child is sufficiently mature to commit to and adhere to the intensive and structured routine of the Program. If parents/guardians have any questions as to whether Exploration is a good match for their child, we ask that they contact our Admissions Office before submitting an application (781.762.7400).

Exploration not only forms a relationship with the student who attends the Program, but also with his or her parents or guardians. For the Program to work in a positive and safe way for our students, parents/guardians must be able to support our policies and procedures. Exploration School, Inc. reserves the right to dismiss a currently enrolled student if the child's parents/guardians are not cooperative and/or compliant with Exploration policies and procedures. In addition, Exploration reserves the right in subsequent summers to deny enrollment for similar reasons.

INITIAL HERE

PROGRAM ATTENDANCE Before you enroll your student, please make sure he or she will be able to attend the entire session. The Program has an overall curricular plan that includes courses, activities, workshops, trips, and student life meetings and activities. Since each session of the Program is short, it is not appropriate for a child to miss whole days, or part of each day of the Program, whether at the beginning, middle, or end of each session. If family vacations or other obligations mean a child will miss more than two days, the child will not be allowed to register. If a student does miss more than two days for non-illness related reasons, the child will not be allowed to register for any Exploration Program in subsequent summers. Please review our refund policy below.

REFUND POLICY Deposits are refundable until March 1, 2010. After that date, deposits are non-refundable. Between May 1 and the Program's start date, a full or partial refund of the tuition (minus the deposit) will be considered only if the student can be replaced. Every student enrolled at Exploration is automatically covered by tuition refund insurance administered by A.W.G. Dewar, Inc. and underwritten by the member companies of OneBeacon Insurance Group. This plan does not provide coverage for any event or circumstances prior to the first day of the Program session. The insurance covers students once they have arrived at the Program and provides for a partial tuition refund based on the number of days left in a session should a student leave before the end of the session. The only refunds that will be made are those that are covered under the terms of this insurance policy.

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 and off-campus trips 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.

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 PARENT/GUARDIAN AGREEMENT 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 Admissions Considerations, Program Attendance, Refund Policy, Permission to Participate, Acknowledgement of Risk, Release, and Governing Laws as stated above. 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 Community Standards as stated above 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.

Give the form, along with a stamped pre-addressed envelope, 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 2010

9 10 11 12

COMPLETE THIS BOX

Applicant Name

Last Name

First Name

Middle Initial

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, download it from our website, or call our office for an additional copy.**

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 _____

Evaluator's Email _____

School Name and Address _____

School Phone _____

Signature of Evaluator _____

Date _____

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

In what capacity do you know the student? _____

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.

About 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 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 socioeconomic 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 student 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"/>
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 are 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.