

STATEN ISLAND ACADEMY
 Summer Institute for the Gifted
 Application/Registration Form-Day Program

Student's Name

First: _____ Middle: _____ Last: _____

Student's Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Fax: () _____

Student's Date of Birth: _____ Age: _____ Social Security Number: _____

Gender: Male Female Present grade (grade during 2010-2011 academic year): _____

Emergency Contact Person: _____ Emergency Number: () _____

Student lives with (check all that apply): Father Mother Both Other

Parent #1 Name: First: _____ Last: _____

Occupation: _____

Work Phone: () _____ Cell Phone: () _____ E-Mail: _____

Parent #2 Name: First: _____ Last: _____

Occupation: _____

Work Phone: () _____ Cell Phone: () _____ E-Mail: _____

Student's Current School: _____

School Address: _____ City: _____ State: _____ Zip: _____

Public Independent Parochial Private

Name of School Principal (Mrs. Ms. Mr. Dr.): _____

Name of School G/T Coordinator/or Counselor (Mrs. Ms. Mr. Dr.): _____

Name of Current (Homeroom) Teacher (Mrs. Ms. Mr. Dr.): _____

Please select your top six course choices for the appropriate age group in order of preference. You must select six courses.

1.	4.
2.	5.
3.	6.

If this is your first year with the Summer Institute for the Gifted, you are required to include documentation of program eligibility. Please check the item(s) below which are enclosed to verify your eligibility:

- Talent Search participation Standardized Test scores STAR Test
 School District Gifted Program participation PSAT/SAT or ACT scores
 Send me Letter of Recommendation Forms Other (specify) _____

If you have attended the Summer Institute for the Gifted previously, please list campus(es) and year(s) attended:

Campus: _____ Year(s): _____

Campus: _____ Year(s): _____

Please indicate how you first learned about SIG:

- Teacher/Counselor SIG Student Web/Newsletter Advertisement News Article Mailing Other

If a SIG family referred you to our program, please provide their name: _____

For the Student:

I understand that, as a participant in the Summer Institute for the Gifted (SIG), I have the responsibility to work to the best of my ability in all of my classes; to conduct myself appropriately and follow all rules, regulations and policies of the SIG program; to support the efforts of the SIG staff and participants to preserve the cleanliness and beauty of the campus; to respect the property of others; and to respect the rights and privileges of all SIG students, faculty, staff, and others in the campus community. I understand that failure to comply with the above statement may lead to program dismissal.

Signature of Student: _____ Date: _____

The following are for the Parent or Guardian

Please check the "yes" box where permission is given or the "no" box where permission is not given. I hereby grant permission for my child, while attending the Summer Institute for the Gifted (SIG) to:

- Yes No Leave campus for approved field trips (when a trip is authorized for a particular course).
- Yes No Change courses on his/her daily schedule without confirming the change with parent or guardian.
- Yes No Provide quotes; participate in SIG pictures, and in photographic images that may be used in SIG/AIFS literature, press releases and/or the SIG/AIFS website.
- Yes No Receive selected materials about other educational opportunities from organizations sanctioned by SIG.

Authorization for Medical Treatment:

This is to authorize the physicians and nursing staff of the Summer Institute for the Gifted (SIG) site and/or Emergency Room physicians (and any consultants that they deem necessary) of nearby (or the most appropriate) hospital to render necessary medical care and medications to my child, (name of child) _____. In the event of an emergency, and if I cannot be reached, I consent to allow physicians of the infirmary of the SIG site, physicians on the active staff of the nearby (or most appropriate) hospital, or other physicians or hospital (as the case may be) to perform any emergency treatment, including surgery, requiring the use of local or general anesthetic. This authorization shall be in effect as long as my child is a student at the Summer Institute for the Gifted. Furthermore, I, the undersigned, will assume responsibility for all medical costs, incurred by my child, not covered by my medical insurance.

Release of Claims Against the Program:

I unconditionally release the SIG program from any claims for damage, injury, loss or expense of any sort incurred directly or indirectly in conjunction with the participation of my child in the program unless the loss is caused by the gross negligence of SIG.

It is the responsibility of each applicant to adhere to the payment schedule in order to maintain his/her enrollment status in the SIG program.

I have read the SIG program announcement and application pages including the paragraph signed by my child (above). I have read and understand the refund policy as stated within the SIG brochure. I understand that it is my responsibility to meet all financial obligations of the SIG program. I understand that I am responsible for the cost of repairing or replacing any property that my child damages while on campus. I understand that if my child fails to follow SIG program rules and regulations, he/she may be dismissed from the program without refund and may be subject to disqualification from attendance at future sessions of the Summer Institute for the Gifted.

I/we certify the above information is complete and correct. I/we understand that any misrepresentation may result in the expulsion of the applicant from the program. I/we acknowledge that terms and conditions in this brochure constitute part of my agreement with SIG/AIFS, including sections concerning responsibility, health, refunds, changes in dates, accommodations, courses and billing of the options selected above. I have read the brochure and agree to SIG/AIFS policies and procedures. This agreement will be effective when my application is accepted by SIG/AIFS and shall be governed by the laws of the State of New York, without regard to New York conflict of laws rules.

Signature of Parent or Guardian: _____ Date: _____

Admission to the Summer Institute for the Gifted programs is on a rolling, first-come first-served basis for qualified students. Applications are accepted and processed upon receipt. Admission to the 2011 Summer Institute for the Gifted program shall be granted or denied at the sole discretion of SIG/AIFS. Applications will be accepted only if space is available. The \$750 deposit must accompany your completed, signed application. You will be billed for the balance.

Payment Options: Check (Please make payable to Staten Island Academy) Money order enclosed for \$ _____
 Please charge my credit card for \$ _____ Visa American Express MasterCard
Card number: _____ Expiration date (Month/Year) _____
Security Code: _____ Signature of cardholder _____

Cardholder's name (please print): _____ Daytime phone: () _____

Mail application and payment to: Staten Island Academy-Summer Institute for the Gifted, 715 Todt Hill Road, Staten Island, NY 10304.

Approximately two weeks are required to review application materials to determine student eligibility. An acceptance letter will be sent to the student upon completion of this review. Within two weeks from the date of the acceptance letter, the second payment must be returned to the Summer Institute for the Gifted Admissions Office.

SIG/AIFS Signature: _____ Date: _____