

Summer Institute for the Gifted Application/Registration 2007

Please indicate how you first learned about SIG:

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

Student Information:

First Name	Last Name	
Address		
City	State	Zip Code
Country		
()		
Home Phone	E-mail address	
/ /		
Date of Birth		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Gender	Grade in 06-07 School Year	

Parent/Guardian Information:

First Name	Last Name
Business Phone	Cell phone
E-mail	Relationship
First Name	Last Name
Business Phone	Cell phone
E-mail	Relationship
Student resides with _____	

School Information:

Name		
Address		
City	State	Zip
<input type="checkbox"/> Private <input type="checkbox"/> Parochial <input type="checkbox"/> Public		
Name of School Principal		
Name of School G/T Coordinator or Counselor		
Name of Current (Homeroom) Teacher		
<input type="checkbox"/> Notification of acceptance is provided to the school upon admission to the Summer Institute for the Gifted. If you would like SIG to withhold this notification, please check this box.		

Student is: New Returning

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 that are enclosed to verify your eligibility:

Academic Talent Search participation
 PSAT, SAT or ACT scores
 Standardized Test scores
 Letter Confirming participation in local Gifted Program
 Other
 Two Letters of Recommendation *

*Please visit us at www.giftedstudy.com to download the Letter of Recommendation Forms.

Campus Selection

Residential

Amherst (July 22 - August 11)
 Bryn Mawr I (June 23 - July 13) Grades 7-11 only
 Bryn Mawr II (July 15 - August 4) Grades 4-8 only
 Drew (June 23 - July 13)
 Emory (June 24 - July 14)
 Michigan (June 24 - July 14)
 Princeton (July 15 - August 4) Grades 7-11 only
 UC Berkeley (July 1 - July 21)
 UCLA (July 29 - August 18)
 Vassar I (June 23 - July 13)
 Vassar II (July 15 - August 4)

Day

Bryn Mawr I (June 25 - July 13)
 Bryn Mawr II (July 16 - August 3) Grades K-3 only
 Fairfield (July 16 - August 3)
 Manhattanville (June 25 - July 13)
 Moorestown (June 25 - July 13)

Course Selection:

Please list your first and second choices. Day Program applicants need only fill in three periods of course choices.

	<i>1st</i>
Period 1	_____
Period 2	_____
Period 3	_____
Period 4	_____
Period 5	_____
	<i>2nd</i>
Period 1	_____
Period 2	_____
Period 3	_____
Period 4	_____
Period 5	_____

Residential Applicants Only:

Please indicate your top three choices of Saturday Get-Away trips. Please place 1, 2 & 3 next to your selections.

___ Aquarium/Zoo ___ Amusement Park ___ Museum ___ Beach/Lake
 ___ Historical Tour ___ Broadway Show (Vassar, Princeton, and Drew only)

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, that I will conduct myself appropriately and follow all rules, regulations and policies of the SIG program, that I will support the efforts of SIG staff and participants to preserve the cleanliness and beauty of the campus, that I will respect the property of others, and that I will respect the rights and privileges of all SIG students, faculty, staff, and others of 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 change courses on his/her daily schedule without confirming the changes 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 on the SIG/AIFS web site.
- Yes No receive selected materials about other educational opportunities from organizations sanctioned by SIG.

____ Yes, I would like the Optional Insurance World Class Coverage plan for my Residential Student

____ Yes, I would like the CareMed plan for my international Residential Student

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 on page 47 of the SIG catalog. 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 on page 49 of this catalog constitute part of my agreement with SIG/AIFS including sections concerning responsibility, health, refunds, changes in dates, accommodations, courses and billing of the optionals selected above. I have read the catalog 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 Connecticut, without regard to Connecticut conflict of laws rules.

Signature of Parent or Guardian

Date

Admission & Application Fee

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 2007 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 \$150 deposit must accompany your completed, signed application. You will be billed for the balance.

Payment Options:

- Check (Please make payable to Summer Institute for the Gifted)
- Money order enclosed for \$ _____
- Please charge my credit card* for \$ _____
- Visa American Express MasterCard

Card number _____

Expiration date _____

Signature of cardholder _____

Cardholder's name (please print) _____

Daytime phone (_____) _____

Mail application and payment to:

Summer Institute for the Gifted
Admissions Office
River Plaza, 9 West Broad Street
Stamford, CT 06902-3788

Approximately two weeks is 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 received by the Summer Institute for the Gifted admissions office in Stamford, Connecticut.

