

2018 Summer Institute for International Students Application

APPLICANT'S INFORMATION

Date of Application: _____

Last / Sur Name

First / Given Name (Legal Name)

Middle

M F

Date of Birth

Sex

Identification Number

Home Phone

E-mail Address

Cell / Mobile Number

Street Address

City / Province / Region

Country

Zip Code

Country of Citizenship

Passport Number

APPLICANT'S PRESENT SCHOOL ENROLLMENT

Name of School

Present Grade

Street City / Province / Region

Country

Zip Code

The submitted information is kept confidential to preserve the privacy of all students while we support the needs of each individual student. We ask the parent or guardian to complete this and submit this to ECA.

2018 Summer Institute for International Students Application

Parent/ Guardian Form:

Have you experienced any current or past concerns regarding:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Eating | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sleeping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Speech | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bowel | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Urination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High Risk Behavior | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Smoking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol Use | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drug Use | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other _____

Does your child take any regular or occasional medication? Yes No

If Yes, Please explain:

Type of Medication:

Dosage:

Does your family practice a religion or spiritual tradition? Yes No

If Yes, please explain:

What adjectives best describe your child now? (Please circle)

Self-confident	Persistent	Excitable	Impatient	Impulsive	Shy	Sad
Hyperactive	Anxious	Imaginative	Irritable	Moody	Angry	Happy
Fearful	Easily Embarrassed	Low energy	Trouble concentrating	Panic attacks	Innovative	Athletic
Not sociable	sociable	Respects adults	Shy with adults	Persistent	Calm	Needs to be encouraged

2018 Summer Institute for International Students Application

PARENT/S OR GUARDIAN/S INFORMATION

Father / Guardian

Home Phone

E-mail Address

Cell / Mobile Number

Occupation

Title

Business Phone

Mother / Guardian

Home Phone

E-mail Address

Cell / Mobile Number

Occupation

Title

Business Phone

1) Emergency Contact Name Relation to Student Email/ Mobile Number

2) Emergency Contact Name Relation to Student Email/ Mobile Number

2018 Summer Institute for International Students Application

Do you have any food allergies or are there foods that you do not respond well to?

YES NO

If yes, please explain:

Are you taking any medication(s)? Yes No

If yes, please explain:

I have completed the registration information that provides basic understandings for the ACES ECA international team to assist my experience while at *The International Summer Arts Institute*. The information I have provided on this application is truthful and accurate. I understand that by signing this document that I agree to participate in my residential experience to the best of my ability.

I am comfortable with The ACES ECA International team sharing information provided on this application with our staff in order to best support my experience and well-being during my time at ECA.

Student Signature:

Printed Student Name:

Date:

As the parent/legal guardian of an ACES ECA High School International Student, I acknowledge the information on this form is correct with the understanding that failure to appropriately report accurate information may jeopardize the safety or enrollment of my student.

Parent/Guardian Signature:

Printed Parent/ Guardian Name:

Date:

(Payments are made to: **ECA GLOBAL Summer Institute, 55 Audubon Street, New Haven, CT, USA, 06510**)

By Wire Transfer to Wells Fargo Bank, NA:

Wells Fargo Bank, NA

420 Montgomery Street, 7th floor

San Francisco, CA 94104-1298

Swift code: WFBIUS6S

Account number: 2030000855265

Account title: **Area Cooperative Educational Services-Instructional Account**

Please provide: **(Parent name/Student name/Address)**

(Payment will not be accepted without **Parent name/Student name/ Address**)