



Explorations Academy Student Application

Students: The first part of this application is for you to fill out. Feel free to be creative in your responses. Remember, this is one of the ways we will get to know you.

Parents: Please fill out the back page.

Student Information

Name (Last, First, MI)	Date of Birth	Date of Application
Street Address	Home Phone	Gender
City, State, Zip	Workplace	Work Phone

Parent/Guardian Information

Name (Last, First, MI)	Email Address	
Street Address	Relationship	Home Phone
City, State, Zip	Workplace	Work Phone

Second Household Information

Name (Last, First, MI)	Email Address	
Street Address	Relationship	Home Phone
City, State, Zip	Workplace	Work Phone

Other family members in household

Name (Last, First, MI)	Relationship
Name (Last, First, MI)	Relationship

Doctor, Therapist, or Counselor Information

Name (Last, First, MI)	Phone Number	Permission to contact?
Name (Last, First, MI)	Phone Number	Permission to contact?

Educational History

School Name/Teacher if home schooled	Location (City, State)	Credits Earned	Dates Attended (Month/Year – Month/Year)	Specific Interests

STUDENTS (continued):

Name you like to be called _____

You may answer the following questions individually or as a single narrative:

What are some of the activities you enjoy? I like to... (circle one or more)

Read	Research	Invent	Shop
Socialize	Hike	Bike	Skateboard
Study	Build things	Dance	Garden
Work puzzles	Create things	Sew/knit	Cook
Swim	Sing	Watch TV	Watch movies
Explore	Learn	Play cards or board games	

Go to church/synagogue/other religious activities _____

Draw/paint/other artistic projects _____

Play a sport _____ Be in a club _____

Play a musical instrument _____ Others _____

How do you learn best? (For example: listening, seeing/observing, using your hands or body, reading, experimenting)

Which is easier: learning on your own, or in groups? Why?

What do you like most about school?

What do you dislike most about school?

What do you see as the biggest problem in the world today? What do you think the world most needs?

STUDENTS (continued):

What do you think is the best thing about the world today?

If you could teach one subject, what would it would be and why?

How would you describe your greatest behavioral, social, or emotional challenge in your life?

When you have a conflict with someone, how do you deal with it?

What do you think it means to be a leader? Does this appeal to you? What is the most difficult thing about being a leader?

What is the biggest problem you are having with your current learning situation?

What are the main reasons you would like to attend Explorations Academy?

What is your biggest concern about entering Explorations Academy?

OK, YOU'RE FINISHED WITH YOUR PART!

The next part of getting to know you is the interview. After we review your application, we'll give you and your parents a call to set a time to come in and talk with us.

THIS SECTION TO BE COMPLETED BY PARENTS:

Contact numbers for all adults significantly involved with the student:

Name (Last, First, MI)	Relationship	Important phone #'s, pagers
Name (Last, First, MI)	Relationship	Important phone #'s, pagers
Name (Last, First, MI)	Relationship	Important phone #'s, pagers

Has your child ever been seen by a medical doctor, counselor, or therapist for any reason that might affect participation in this program? If so, please explain and include any diagnoses and medications taken. (Answering “yes” does not exclude your child from consideration. It can help us understand your child’s needs and allow us to form an alliance with healthcare providers. A staff person or our consulting therapist may need to consult with your healthcare provider before your interview.)

What are your child’s key needs at this point? In what ways do you see these needs being met by Explorations Academy? What do you hope Explorations can offer that is different from your child’s current learning environment?

Has your child ever been in any Special Education or Highly Capable Learner programs? Please Explain.

What are your child’s academic strengths and/or weaknesses, and how would you assess your child’s academic skills?

Has your child ever been in trouble at school or with the law? If yes, please detail dates and reasons.

What would you describe as your child’s greatest behavioral, social, or emotional issue?

Please briefly describe your child’s social patterns, hobbies, and interests.

Do you plan on seeking scholarship assistance through Explorations?

Student’s Signature _____ Adult’s Signature _____

The next step is to send your application and \$50 non-refundable application fee to:
Global Community Institute, P.O. Box 3014, Bellingham, WA 98227