



TASIS ENGLAND SUMMER PROGRAMS 2018

APPLICATION FOR ADMISSION



The Summer Admissions Office. TASIS England Summer School
Coldharbour Lane, Thorpe, Surrey TW20 8TE, UK
Tel: +44 (0) 1932 582346 • E-mail: uksummer@tasisengland.org



TASIS ENGLAND SUMMER PROGRAMS 2018

APPLICATION FORM

Step 1

STUDENT APPLICANT:

Last Name:	_____	First Name:	_____
Middle Name:	_____	Nickname:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Day _____ Month _____ Year _____
Nationality:	_____	Mother Tongue:	_____
Passport Number:	_____	Issue Date:	Day _____ Month _____ Year _____
		Expiry Date:	Day _____ Month _____ Year _____
Current School:	_____	Current Grade:	_____
TASIS Programs (if any) applicant has previously attended: _____			

Step 2

PARENT/LEGAL GUARDIAN:

Parent/Guardian Name:	_____
Mailing Address:	_____ _____ _____
Home Telephone:	_____
Home Email:	_____
Work Telephone:	_____
Work Email:	_____

Step 3

AGENT (IF APPLICABLE):

First Name:	_____	Last Name:	_____
Company Name:	_____		
Company Address:	_____ _____ _____		
Company Telephone:	_____		
Company Email:	_____		
Please send invoices to:	<input type="checkbox"/> Parent/Legal Guardian	<input type="checkbox"/> Agent	

Step 4

HOW DID YOU FIRST HEAR ABOUT TASIS?

<input type="checkbox"/> Agent	<input type="checkbox"/> Friends	<input type="checkbox"/> TASIS Alumnus/a	<input type="checkbox"/> Internet	<input type="checkbox"/> Other
<input type="checkbox"/> Teacher	<input type="checkbox"/> School Directory	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Social Media	

Please specify name of source: _____

PLEASE SELECT ONE OF THE OPTIONS BELOW:

OPTION 1: First Session (3 Weeks) £3,960
Monday, June 25 - Sunday, July 15

JUNIOR ROYALS (ages 10-12)Please pick **ONE** of the following courses

- English Language Program
- Reading Adventures, Earth Discovery, & Leadership

OPTION 2: Second Session (3 Weeks) £3,960
Tuesday, July 17 - Monday, August 6

JUNIOR ROYALS (ages 10-12)Please pick **ONE** of the following courses

- English Language Program
- Reading Adventures, Earth Discovery, & Leadership

OPTION 3: Six-Week Program (6 Weeks) Monday, June 25 - Monday, August 6 **£6,920**

Please select one course from Option 1 and one course from Option 2 above

OPTION 4: First Session (3 Weeks) £3,960
Monday, June 25 - Sunday, July 15
Students aged 13 - 17 years

Please pick **ONE** of the following courses

- English Language Program (ages 13-17)
- English Literature as Movies (ages 13-17)
- London Through a Lens (ages 13-17)
- Television Production (ages 13-17)
- Castles, Knights & Crop Circles (ages 13-17)
- Drawing & 3D Design (ages 14-17)
- Fashion and Textile Design (ages 13-17)
- STEM (Science, Technology, Math, & Engineering)
(ages 13-17)
- Debate and Leadership Skills (ages 14-17)
- International Business (ages 14-17)
- Writing Enhancement (ages 13-17)
- IELTS (ages 15-17)

OPTION 5: Second Session (3 Weeks) £3,960
Tuesday, July 17 - Monday, August 6
Students aged 13 - 17 years

Please pick **ONE** of the following courses

- English Language Program (ages 13-17)
- English Literature as Movies (ages 13-17)
- London Through a Lens (ages 13-17)
- Television Production (ages 13-17)
- Castles, Knights & Crop Circles (ages 13-17)
- Drawing & 3D Design (ages 14-17)
- Fashion and Textile Design (ages 13-17)
- STEM (Science, Technology, Math, & Engineering)
(ages 13-17)
- Debate and Leadership Skills (ages 14-17)
- International Business (ages 14-17)
- Writing Enhancement (ages 13-17)
- IELTS (ages 15-17)

OPTION 6: Six-Week Program (6 Weeks) Monday, June 25 - Monday, August 6 **£6,920**

Please select one course from Option 4 and one course from Option 5 above

OPTION 7: Academic Course (6 Weeks) Monday, June 25 - Monday, August 6 **£6,920**

Geometry

ALL APPLICANTS PLEASE SELECT ONE OF THE FOLLOWING ELECTIVE OPTIONS:

First Session (3 Weeks)

- Graphic Design
- Digital Music
- Introduction to Robotics
- Dance
- Coding
- Studio Art
- Theatre Performance

Second Session (3 Weeks)

- Graphic Design
- Digital Music
- Introduction to Robotics
- Dance
- Coding
- Studio Art
- Theatre Performance

PAYMENT

Student's Name: _____

A deposit of £500 must accompany each application form and is payable when the application form is submitted. The deposit will be retained by the School if the student fails to enter. Payment for the total tuition is to be made 30 days after receipt of the invoice. Total tuition must be paid prior to student arrival on campus.

Credit Card: Visa Mastercard Debit Card

Card Number: _____

Cardholder's Name: _____

Expiry Date: _____ Month _____ Year _____ Security No: _____ *(last 3 digits on back of card)* Amount: £ _____

Cardholder's Signature: _____

There will be no debit card or credit card handling charge on payment of the deposit or balance.

TERMS AND CONDITIONS

The fees include room and meals, tuition, excursions, books, airport transfers to and from Heathrow and Gatwick airports on the published arrival and departure dates, accident insurance, laundry, and health and medical insurance. Fees do not cover airfare and personal spending money.

The School reserves the right to make changes when in the best interests of the program.

Acceptance constitutes a contract to pay the entire tuition for the enrolled period. There is no reduction or refund for absence, withdrawal, or dismissal. The School reserves the right to dismiss at any time a student who has proven to be an unsatisfactory member of the School community. If, in the School's judgment, a student's conduct on or away from campus indicates that he or she is consistently out of sympathy with the ideals and objectives of the programs, parents, agents, or guardians will be required to withdraw the student.

By enrolling in the TASIS England Summer Programs, it is understood that the student may participate in all school activities, athletics and excursions. Parents and students agree that TASIS shall have the right to publish or use quotations, photographs, tapes and other recorded media of the student for summer school publications, news releases, and advertising. It is understood that any rights in regards to the student's picture, likeness, quotations, as well as any compensation for exposure is waived upon enrollment.

I certify that this student is physically able to participate in all activities of the Program

Date_____
Signature of Parent/Guardian_____
Date_____
Signature of Agent acting for Student**APPLICATION PROCEDURE**

1. Please complete and sign the application form and pay the deposit of £500 by credit or debit card.
2. Complete and sign the medical form and Rules.
3. Email all application materials to the TASIS England Summer Admissions Office.
4. Ask a teacher to complete the teacher recommendation form, to be sent to the email address below.
5. Confirmation of acceptance to the program will be dispatched from the Admissions Office. If you have any questions, please contact us at Tel: +44 (0) 1932 582346 or E-mail: uksummer@tasisengland.org

TRAVEL INFORMATION

1. Students will be sent a Travel Information Request Form. This form requests FULL arrival and departure information.
2. Students may not arrive before the published arrival date nor remain after the published departure date.
3. Students will be met and transported from/to Heathrow or Gatwick International Airports free of charge if the student travels on the published arrival and departure dates. **Where possible, departing flights should be booked between 8am-8pm on the published departure date.** For students departing before 8am will incur an extra cost for assistance at the airport.
4. For students not arriving or departing on the published dates, TASIS will arrange transportation; the student will incur the extra cost of this private transportation from/to the airport.



TASIS ENGLAND SUMMER PROGRAMS 2018

CONFIDENTIAL MEDICAL HISTORY

STUDENT APPLICANT:

Last Name: _____ First Name: _____
Date of Birth: _____ Day _____ Month _____ Year _____ Gender: Male Female

TO BE COMPLETED BY PARENT/GUARDIAN

1. Please tick yes OR no to all of the following. If yes, please give details in the space provided:

Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting or Loss of Consciousness	<input type="checkbox"/> Yes <input type="checkbox"/> No	High or Low Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Trouble	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious Illness in past 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attention Deficit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression/Emotional Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tendency to Bleed Easily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Tetanus Vaccination	_____/_____/_____ Month Year
Glandular Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been in a Malarial zone in the past 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any of the above please provide further information:

2. Please indicate below if your child suffers from any of the following allergies:

Medication / drug (e.g. Penicillin)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food (e.g. nuts, milk)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental (e.g. dust, pollen)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insects (e.g. bees, wasps)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE SEND ANY EMERGENCY MEDICATIONS FOR SEVERE REACTIONS (bee sting kits, inhalers)

Additional information:

3. Should any sports restrictions apply (i.e. due to previous injury and/or disease)? Yes No

If yes, please provide details:

**ALL MEDICATIONS MUST BE GIVEN TO THE NURSE UPON ARRIVAL
ALL PRESCRIPTION MEDICINES BROUGHT ON CAMPUS MUST HAVE AN ENGLISH TRANSLATION**

5. Is the Student taking regular medication?

Yes No

If yes, please provide:

a) Name of Medicine: _____

b) Dosage: _____ c) Period of Treatment: _____

d) Reason for Medication: _____

6. Has the Student previously or is now currently undergoing any therapy?

If yes, please provide details:

7. If the Student has glasses or contact lenses, please supply a second pair and/or include prescription, just in case they get lost or broken.

8. Any additional comments or information that will assist us in the care of your child:

TASIS HEALTH CENTRE PROVIDES:

1. A fully qualified nurse is on duty 24 hours per day.
2. A doctor will visit if required (*medical insurance excess is £200, any costs less than this sum will be charged to the parents*)
3. A large hospital is 15 minutes by car
4. Cold and headache medications are supplied

SIGNED CONSENT

The school cannot undertake medical treatment for your child without the following signed consent, except in life threatening emergencies:

- 1. I authorize the School to provide health care as may be necessary for the physical welfare of my son / daughter.**
- 2. In the event of an emergency I authorize the School to grant permission for surgery as may be necessary for the physical welfare of my son / daughter.**

Signature of Parent/Guardian

Date

Home Telephone: _____

Work Telephone: _____

Mobile Telephone: _____

Fax: _____

Email: _____



TASIS ENGLAND SUMMER PROGRAMS 2018

RULES

The students and faculty of TASIS England share in a small society, which can flourish only through constant consideration and respect for the rights and property of others. To safeguard the rights of the community, every student is honor-bound to know and abide by the following rules. Parents and students must read these rules and sign the Rules slip to signify that they will abide by the rules. Parents should keep these rules for reference as students will receive another copy upon their arrival.

Students and parents should be aware that any infringement of these rules may lead to immediate suspension or dismissal and that the Director of the Summer Programs is responsible for all disciplinary decisions. Parents are reminded that there will be no reductions or refunds for suspensions or dismissal. TASIS reserves the right to inspect a student's room, his or her person and his or her personal effects in order to ensure the compliance of academy rules and regulations for the purpose of the safety, health, and welfare of the participants and employees.

- a) **Drugs:** The possession, use, or transfer of alcohol, inhalants, illegal or controlled substances, or paraphernalia is not allowed. TASIS England reserves the right to dismiss a student if the Director deems that a violation of this rule has taken place. Students are required to register all prescription drugs and all medicines with the Nurse immediately upon arrival at school or receipt of the prescription. Any non-registered drug or medicine may be considered "illegal" or "unauthorized".
- b) **Personal Dishonesty:** Theft of money or property from other individuals or from the School or other institutions is strictly prohibited.
- c) **Drinking:** Possession or consumption of alcoholic beverages, including beer and wine, is strictly prohibited and will result in appropriate disciplinary action.
- d) **Hazing:** Bullying, harassing, verbal intimidation, or hazing of other students is strictly prohibited.
- e) **Smoking:** TASIS believes that the harmful effects of smoking and tobacco have been convincingly demonstrated, and consequently does not allow the possession of or use of tobacco in any form during the session. Disciplinary action will result if a student fails to observe the rule. This rule applies to students on and off campus during their stay at TASIS.
- f) **Fire Hazards:** Burning of incense or candles or use of firecrackers are fire hazards and are prohibited. Tampering with fire doors, fire extinguishers, fire exit signs and fire alarms is a serious threat to people's safety and is strictly prohibited.
- g) **Vandalism:** Defacing or destroying of the property of other individuals or of the School or other institutions will result in payment for the damage and strict disciplinary action.
- h) **Unauthorized Mixed Company:** There will be no boys in girls' designated areas and vice versa. Exceptions may be made only during approved hours with faculty chaperones present.
- i) **Body Piercing:** If, in the opinion of the school nurse and/or administration, a student's body piercing is a health or safety hazard, the student will be asked to remove it.
- j) **Academic Dishonesty:** Any incident of academic cheating or plagiarism is both dishonest and non-educative. Copying another student's class work or homework, or cheating on a test are examples. Academic dishonesty is not tolerated at the School.
- k) **Dorm Check-in:** All students are required to return to their dormitories by the following times:
 - Sunday through Thursday nights: Check-in: 10.00pm; Lights out: 10.30pm
 - Friday and Saturday nights: Check-in: 10.45pm; Lights out: 11.00pm
 - Lights out is 15 minutes after check-in time. Students out of their dorm after check-in times (and before 6.30am in the morning) are liable to disciplinary action, including the possibility of suspension or dismissal.
- l) **Absences and Lateness:** Students are required to attend and to be on time to all classes and sports commitments. Continued unexcused absences or constantly being late for class could eventually lead to suspension or dismissal from the program.

Continued...

- m) **Off Campus Permissions:** All students are permitted to visit the neighboring town of Staines on weekday afternoons when their schedule permits, and also on Sundays. Students are required to travel on the school shuttle and to sign out when they leave and sign in on return. Students may also visit the local village of Thorpe until 7.00 pm Sunday-Thursday and until 8.30 pm on Friday and Saturday. Students must behave appropriately and understand that they represent the School during all off-campus ventures. School rules apply when students are off-campus. After these times, all students must stay within the boundaries of the TASIS campus.

On Saturdays, each student is required to participate in some kind of off-campus activity for the full day (between breakfast and dinner). The school organizes chaperoned excursions to places of interest throughout London and Southern England. All students may participate in these trips.

The TASIS England Summer Programs reserves the right to dismiss at any time a student who has proven to be an unsatisfactory member of the school community. If in the school's judgement a student's conduct on or away from campus indicates that he or she is consistently out of sympathy with the ideals, objectives and programs of the School, parents will be required to withdraw the student, even though there may be no infraction of a specific rule

PLEASE SIGN AND RETURN WITH THE APPLICATION FORM TO THE DIRECTOR OF SUMMER ADMISSIONS.

STUDENT'S NAME _____

I have read the rules and regulations for the TASIS England Summer Program and fully agree to abide by them at all times during the student's participation in the Program. I understand that I will not receive a refund, and accept financial transportation responsibilities that may occur if my child is dismissed. I also understand and totally accept that the Director may at his discretion dismiss a student for violating or attempting to violate any of the rules listed above.

Student's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____



THE TASIS SUMMER PROGRAMS
ENGLAND ♦ FRANCE ♦ PUERTO RICO
RECOMMENDATION FORM

TO THE APPLICANT: Please fill in the two lines below, then pass this form to your teacher for completion, together with a stamped envelope addressed to a TASIS Admissions Office.

Full Name of Applicant: _____

(please type or print in CAPITAL letters)

Course in which you are enrolling: _____

PRIVATE & CONFIDENTIAL

The student whose name appears above has applied for admission to a TASIS Summer Program. This assessment is an important part of the applicant's credentials and your co-operation in providing a full and candid report will be greatly appreciated.

Please type or print in CAPITAL letters

1. How long have you known the applicant? _____ Have you taught the applicant? Yes No

If not, what is your relationship with the applicant? _____

2. Please check the appropriate boxes:

	Excellent	Good	Average	Below Average	No basis for judgement
Study habits & organizational ability					
Ability to work independently					
Self-discipline					
Perseverance					
Reaction to criticism					
Ability to get along with others					
Politeness					
Leadership					
Self-confidence					
Warmth of personality					
Sense of humor					
Maturity					
Use of English (if not mother tongue)					

3. Has the applicant in any way been a disciplinary problem? If so, please explain: _____

4. Please rate the applicant as accurately as you can, comparing him / her with classmates:

	Excellent	Average	Above Average	Below	Poor
Ability					
Motivation					

5. I recommend this applicant for the TASIS Summer Program in terms of:

	Enthusiastically	Strongly	Fairly Strongly	Without Enthusiasm	Not Recommended
Character					
Academic Ability					

6. We welcome any additional comments you think might be helpful to us, including special interests or talents, and special educational or emotional needs.

Please print name: _____	Signature: _____
Position: _____	Date: _____
Name of School: _____	
Address: _____	
Telephone: _____	Fax: _____
E-mail: _____	

PLEASE MAIL THIS FORM TO ONE OF THE FOLLOWING TASIS ADMISSIONS OFFICES:

THE AMERICAN SCHOOL IN ENGLAND
Coldharbour Lane, Thorpe
Surrey, TW20 8TE, England
Tel: +44 (0) 1932 582346
Fax: +44 (0) 1932 564644
E-mail: uksummer@tasisengland.org

THE TASIS SUMMER PROGRAMS
112 South Royal St.
Alexandria, VA 22314, USA
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Fax: +1 703 299 8157
E-mail: usadmissions@tasis.com