

Application

Please complete 4-page application, remove from brochure and mail to address on page 15 or fax to number listed on page 15.

Application Deadline: Applications must be postmarked or faxed no later than Friday, May 23. Late applications will be processed only if space is available.

STUDENT, SCHOOL, PARENT/GUARDIAN INFORMATION

Student's Full Name _____
FIRST / LAST / MIDDLE INITIAL

Address _____
STREET

Address _____
CITY / STATE / ZIP / COUNTRY IF OUTSIDE U.S.

Date of Birth _____ Age _____ Gender: M F
MONTH / DATE / YEAR

Email Address _____ Home Phone (_____) _____

Student is: Previous Attendant New Applicant

New applicants are requested to include documentation of program eligibility. Check the item(s) that are enclosed to verify your eligibility:

Standardized Test Results GATE identification by accredited school or district Other: _____

Did applicant participate in UCI Academic Talent Search? Yes No If yes, which year _____

Has applicant participated in previous summer programs for gifted students? Yes No

Name of Program(s) _____ Location _____ Dates Attended _____

T-shirt Size Preferred: Small Medium Large Extra Large

School Name _____ **School District** _____

School Address _____
CITY / STATE / ZIP

Type of School: Public Private/Independent Parochial Other: _____

Principal _____ GATE Coordinator _____

Grade in 2007-2008: 5th 6th 7th 8th

Parent/Guardian #1 Information _____
FIRST AND LAST NAMES RELATIONSHIP

Employer _____ Business Phone (_____) _____

Cell Phone (_____) _____ E-mail _____

Parent/Guardian #2 Information _____
FIRST AND LAST NAMES RELATIONSHIP

Employer _____ Business Phone (_____) _____

Cell Phone (_____) _____ E-mail _____

Student resides with: Parent/Guardian #1 Parent/Guardian #2 Both

I plan to attend Parent/Student Orientation Preview – Saturday, April 19, 2008, 2:00 P.M.
Location: UCI Engineering Lecture Hall 100

EMERGENCY RELEASE

MEDICAL/EMERGENCY INFORMATION

Please complete carefully. This form will be used as the student's emergency card and must be completely filled out and returned at the time you register.

MEDICAL / EMERGENCY INFORMATION

Student's Name _____

Emergency Contact Name _____

Emergency Contact Phone (_____) _____ Relationship to Camper _____

Doctor's Name _____ Phone (_____) _____

Insurance Name _____ Policy/Group No. _____

Does your child have any physical handicaps or illnesses? Yes No

If yes, please identify _____

Is your child currently taking any medications or under a physician's care? Yes No

If yes, please describe _____

Has your child ever had a reaction to medications under a physician's care? Yes No

If yes, describe symptoms and list the medications/foods to which your child is allergic.

Allergies: _____ Symptoms: _____

PARENT RELEASE WAIVER

Your signature is required to allow treatment of your child at the UCI Student Health Center, or other emergency care centers in case of emergency.

UCI staff members are authorized to use their discretion to secure emergency medical aid, including paramedics. Further, I hereby release the University of California, Irvine and its employees from any liability while my child/children attends/attend classes, class activities, or reside in dormitories.

SIGNATURE AUTHORIZATION OF PARENT OR LEGAL GUARDIAN

DATE

COURSE REGISTRATION

Student's Name _____

COURSE REGISTRATION

Please indicate below your choice of courses for the session(s) you will be attending.
Second and Third choices *must* be indicated.

MORNING COURSES

Refer to morning course descriptions on page 8.

- Anatomy
- Biology
- Building your Character while Being Gifted
- Chemistry
- Critical and Creative Productive Thinking
- Critical Reading and Literary Analysis
- Genetics
- Law, Ethics / Mock Trial Part I (Session B only)
- The Historian's Craft
- Interpersonal Skills
- Mathematics and Problem Solving
- Musical Theater
- Physics
- Psychology
- Thinking and Writing
- Understanding Poetry

AFTERNOON COURSES

Refer to afternoon course descriptions on page 10.

- Assertive Skills
- Argumentation and Debate
- Astronomy: Solar System and Stars
- Beginning Art
- Being Competitive in Mathematics Competitions
- Contingency Theory and the American Revolution
- Drama, Theatre Study, and Shakespeare
- Etymologies
- Forensic Science
- Game Analysis and Dissection
- Investigating Reading: Reading Like A University Student
- Law, Ethics / Mock Trial Part II (Session B only)
- Marine Biology
- Modern Frontiers in Chemistry
- Uniquely American: American Tradition in Literature
- Writing and the Creative Self

MORNING

Session A: June 23 - June 27 (5 Days)

AFTERNOON

1st Choice _____

1st Choice _____

2nd Choice _____

2nd Choice _____

3rd Choice _____

3rd Choice _____

MORNING

Session B: July 7 - July 11 (5 Days)

AFTERNOON

1st Choice _____

1st Choice _____

2nd Choice _____

2nd Choice _____

3rd Choice _____

3rd Choice _____

MORNING

Session C: July 14 - July 18 (5 Days)

AFTERNOON

1st Choice _____

1st Choice _____

2nd Choice _____

2nd Choice _____

3rd Choice _____

3rd Choice _____

MORNING

Session D: July 21 - July 25 (5 Days)

AFTERNOON

1st Choice _____

1st Choice _____

2nd Choice _____

2nd Choice _____

3rd Choice _____

3rd Choice _____

MORNING

Session E: July 28 - August 1 (5 Days)

AFTERNOON

1st Choice _____

1st Choice _____

2nd Choice _____

2nd Choice _____

3rd Choice _____

3rd Choice _____

Resident Students only: We do our best to accommodate roommate requests, but cannot guarantee placement. Both students must request each other and the request must be submitted before the deadline for enrollment for the request to be considered.

ROOMMATE REQUEST: _____
FIRST NAME LAST NAME GRADE

Application

PAYMENT INFORMATION

Student's Name _____

PAYMENT INFORMATION

Commuter Student Registration Fees

SESSION	SESSION DATES	COURSE FEE ONLY	AMOUNT YOU ARE PAYING
Session A	Mon. June 23 - Fri. June 27	\$675	
Session B	Mon. July 7 - Fri. July 11	\$675	
Session C	Mon. July 14 - Fri. July 18	\$675	
Session D	Mon. July 21 - Fri. July 25	\$675	
Session E	Mon. July 28 - Fri. August 1	\$675	
Please Enter the Total Amount You are Paying for Commuter Sessions _____ →			

Residential Student Registration Fees

SESSION	SESSION DATES	COURSE & DORM FEE	AMOUNT YOU ARE PAYING
Session A	Sun. June 22 - Fri. June 27	\$995	
Session B	Sun. July 6 - Fri. July 11	\$995	
Session C	Sun. July 13 - Fri. July 18	\$995	
Session D	Sun. July 20 - Fri. July 25	\$995	
Session E	Sun. July 27 - Fri. August 1	\$995	
Please Enter the Total Amount You are Paying for Residential Sessions _____ →			

\$50 Nonrefundable Application Processing Fee:	\$50
Please Enter the Total Amount You are Paying Here _____ →	

Application and Payment Deadline: Applications **and payment** must be postmarked or faxed no later than Friday, May 23, 2008. Late Applications will be processed only if space is available.

Payment may be made by check or credit card. Make checks payable to UC REGENTS and mail to address below; if paying by credit card, enter card number at bottom of this form and fax or mail your application.

Mail Application to: *Gifted Students Academy*
University of California, Irvine
Center for Educational Partnerships
5171 California Ave., #150
Irvine, CA 92697-2505

Fax Application to: *GSA (949) 824-1653*
(for credit card payment only, please)

Check out our website:
www.cfep.uci.edu/gsa/

Check Enclosed (**Payable to UC REGENTS**)..... \$ _____

Money Order Enclosed..... \$ _____

Please charge my credit card: Visa MasterCard American Express Discover \$ _____

Card # _____ Card Exp. Date: _____

Cardholder's Name (please print) _____

Cardholder's Signature _____

Daytime Phone (____) _____

Confirmation letters and student class assignments are sent 2 to 3 weeks prior to each session.