



FORM CHECKLIST

We strongly urge having this checklist on your refrigerator

Checklist of To Dos & Important Forms	Due Date
Complete the forms found in the Orientation Guide, specifically the Student Information Form (page 22), Parent Permission (page 23), and Tuition Payment Form (page 24)	Immediately
Make an appointment with your child's pediatrician	Immediately
Make travel arrangements with airline, train, bus, etc. within approved dates and times (please refer to the Campus-Specific Information)	Immediately
Return Summer Transportation Form (page 28)	Immediately
Return Medical Information Form (page 25, 26) with a copy of both sides of your Medical Insurance ID Card	Immediately
Return Physician's Signature Form (page 27)	Immediately
Pay tuition balance	June 1, 2018 Your spot is not secured until tuition is paid in full.
Submit Course Change Request Form (page 29) <i>optional</i>	June 1, 2018
Submit Roommate Request Form (page 30) <i>optional</i>	June 1, 2018
Internet fee (refer to "Campus Specific Information" for rates)	June 1, 2018
Room Key Deposit(s) (refer to "Campus Specific Information" for rates; a blank check made out to "JSA" works best)	Bring on Registration Day
Authorization to visit/take student off campus <i>optional</i>	Bring on Registration Day
Debate Workshop Forms and Assignment (this will be emailed to you in June)	Bring on Registration Day

SUBMISSION INSTRUCTIONS

Complete and return this optional form by **June 1st, 2018**. Methods for submission:

Digitally	By Email	By Mail	By Fax
These forms are available digitally via student's MyJSA Account. Upload completed forms back to your account.	Scan and email to summer@jsa.org.	JSA Summer School 2001 S Street NW, Suite 510 Washington, DC 20009	(202) 296-7839



STUDENT INFORMATION FORM

STUDENT INFORMATION

SUMMER PROGRAM: _____

NAME: _____ HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

TELEPHONE NUMBER: _____ AGE: _____ BIRTH DATE: / / (MM/DD/YYYY)

HIGH SCHOOL: _____ HIGH SCHOOL GRADUATION YEAR: _____

SOCIAL SECURITY NUMBER (NECESSARY FOR ACCESS TO GOVERNMENT BUILDINGS): - -

CITY AND STATE (OR COUNTRY) OF BIRTH (NECESSARY FOR ACCESS TO GOVERNMENT BUILDINGS): _____

SEX: MALE FEMALE OTHER PREFER NOT TO ANSWER

The U.S. Department of Education required that we collect and report race and ethnicity data on our students. The parent or legal guardian of the student is required to answer the following questions.

Is this student Hispanic/Latino?* Yes No

*(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

What is the student's race? (may choose more than one)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, who maintain a tribal affiliation or community attachment)
- Asian (A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American (A person having origins in any of the Black racial groups in Africa)
- Middle Eastern (A person having origins in the Middle East or North Africa)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- White (A person having origins in any of the original peoples of Europe)

Does this student participate in the federal free/reduced lunch program at his/her school? Yes No

What is the student's mother's highest level of educational attainment?

- None or some high school Associate degree Unsure/decline to state
- High school diploma or GED Bachelor's degree
- Some college Advanced degree

STUDENT STATEMENT

I have read the JSA Summer School Orientation Packet and I agree to abide by all the Summer School rules. I understand that in the event of a serious violation of the rules, my parents will be notified and I may be sent home at my own expense, with no refund or academic credit awarded.

DATE: _____ STUDENT SIGNATURE: _____

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PARENTAL/GUARDIAN PERMISSION FORM

PARENT STATEMENT

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

COUNTRY: _____

I have read the JSA Summer School Orientation Guide, and I agree to allow my child to attend the 2018 JSA Summer School, subject to all rules governing conduct both on and off campus.

- I understand that my son/daughter may be sent home during the session for any health reasons or serious conduct violations.
- I understand that if my child withdraws early from the program, or if he/she is sent home for health reasons or violations of the rules and regulations of the JSA Summer School, the university, or any public law, that no refund will be given and no academic credit will be received.
- This is to authorize JSA Staff to authorize medical personnel to provide necessary medical care to my child. I give permission for the JSA staff to dispense the limited over-the-counter medicines outlined in the medical form and understand my child will be responsible for taking their own prescription medications. I give permission for the nearest or most appropriate medical facility to provide routine health care for my child; to order x-rays, tests or treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached during an emergency, I give permission for the physician selected by the JSA staff to secure and administer treatment, including surgery or hospitalization, for the student named above. I give permission for JSA to contact my child's medical provider for the purpose of confirming medical conditions/ treatments or obtaining additional information to provide appropriate care. The authorization shall be in effect while my child is a student of the JSA Summer School. I understand I am fully responsible for my child's medical costs.
- I understand and agree that additional costs to house, feed and transport my child home after the last day of their program are my financial responsibility. If my child is delayed for any reason on the last day of their program, I agree to pay \$50 per night past that date. Also, I understand this option is to be used only in emergencies and is not available as an optional extension.
- I understand and agree that photographs taken of my son/daughter while at JSA Summer School may be used by the Junior State of America Foundation for future promotional purposes.

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

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TUITION PAYMENT FORM

STUDENT INFORMATION

STUDENT NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE/COUNTRY: _____ ZIP: _____

PAYMENT INFORMATION

- Tuition payment has already been made in full.
- Enclosed is \$5,450, my full tuition payment
- Other amount \$ _____ (payment plan option only)

We are paying by:

- Check (made payable to the Junior State of America Foundation)
- Credit card

- Visa
- MasterCard
- American Express
- Discover

CARD NUMBER: _____ EXP. DATE: _____ CID #: _____

CARD HOLDER'S NAME: _____ BILLING ZIP CODE: _____

CARD HOLDER'S SIGNATURE: _____ AMOUNT TO CHARGE: \$ _____

Select a Payment Option

Hold your place in the program by submitting a \$1,000 deposit and setting up a payment plan **within 10 business days of acceptance**. Or secure your spot by paying tuition in full right away. To set of a payment plan contact JSA Summer Programs Admissions and Enrollment Coordinator, Felice Judkins, by calling (202) 246-2921 or email fjudkins@jsa.org.

- **Early Enrollment Period** – Tuition must be paid in full by 3/1/2018; students will receive a \$500 tuition credit. *Non-refundable*.
- **General Enrollment Period** – Tuition must be paid in full by 6/1/2018.
- **Late Enrollment Period** - Tuition must be paid in full by 7/1/2018. *Subject to campus and course availability.*

Students may be waitlisted if no payment plan has been established or requested within 10 business days of acceptance. When a program's seating capacity is reached, waitlisted students will be notified and may be unenrolled from the program if they do not adhere to the agreed payment plan.

*In order to confirm your seat in a course, you must submit a \$1,000 deposit. This deposit will be applied to the total program cost.

**Due to limited space in each program, during the Late Application Period your seat is only guaranteed when tuition is paid in full.

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MEDICAL INFORMATION FORM, PART 1

STUDENT INFORMATION

NAME: _____ CAMPUS: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2
NAME:	NAME:
DAYTIME PHONE:	DAYTIME PHONE:
EVENING PHONE:	EVENING PHONE:
CELL PHONE:	CELL PHONE:
EMAIL:	EMAIL:

FIRST EMERGENCY CONTACT (OTHER THAN GUARDIAN)	SECOND EMERGENCY CONTACT (OTHER THAN GUARDIAN)
NAME:	NAME:
RELATIONSHIP TO STUDENT:	RELATIONSHIP TO STUDENT:
DAYTIME PHONE:	DAYTIME PHONE:
EVENING PHONE:	EVENING PHONE:
CELL PHONE:	CELL PHONE:

MEDICAL INSURANCE

All students must bring a photocopy of their insurance and pharmacy cards (front and back) with them to campus.

MEDICAL INSURANCE PROVIDER: _____ POLICY/GROUP NO.: _____

ADDRESS OF INSURANCE COMPANY: _____

NAME OF POLICY HOLDER: _____ DATE OF BIRTH OF POLICY HOLDER: ____ / ____ / ____ (MM/DD/YYYY)

EMPLOYER OF POLICY HOLDER: _____ PRESCRIPTION CARD NO.: _____

MEDICATION

Please note that the Junior State of America Staff will only administer Advil or Tylenol and no other medications. If your child is prone to stomach aches, colds, or coughing, it is your responsibility to pack whatever over-the-counter medications they might require. Also, the JSA staff will not be responsible for administering necessary prescription medications to your child.

My child does **not** take regular prescription medication at this time.

My child **does** take regular prescription medication at this time.

MEDICATION NAME: _____

MEDICATION NAME: _____

MEDICATION NAME: _____

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MEDICAL INFORMATION FORM, PART 2

ALLERGIES

Do not give my child the following medications under any circumstances:

My child is allergic to the following medications, food, insect bites, etc.:

Does your child carry an EpiPen for allergies?

Yes No

MEDICAL HISTORY

My child has the following health problems/special needs of which you should be aware:

Does your child have a history of operation or serious illness?

Is your child under the care of a psychologist, psychiatrist, or counselor? If so, please provide relevant details. Include additional documents if necessary.

Is there anything else that we should know about your child's physical or mental state?

I signify this medical information is true to the best of my knowledge.

DATE:

PARENT/GUARDIAN SIGNATURE:

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PHYSICIAN'S SIGNATURE FORM

STUDENT INFORMATION (form to be completed by parent/guardian)

NAME: _____

CAMPUS: _____

MEDICAL HISTORY

Date of Physical Exam (must be within the last 2 years): _____

Should JSA be aware of any disabilities, dietary restrictions, or mental or physical health issues that the student may have.

Yes No Describe: _____

Are there any physical activities from which the student should be restricted from participating?

Yes No Describe: _____

Is the student taking any medications?

Yes No Describe: _____

Immunizations: Please attach a separate sheet with all immunizations or provide dates for the shots listed below.

DPT	1st	2nd	3rd
MMR	1st	2nd	
Polio	1st	2nd	3rd
Date of last tetanus booster:		Meningococcal (not required)	
Hepatitis B (not required)		Haemophilus Influenza Type B (not required)	
Varicella (chicken pox) (not required)		Tuberculosis skin test (required for students traveling from outside the US). If positive, can this person participate in the program and not be in danger to him/herself or others? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PHYSICIAN'S STATEMENT

To the best of my knowledge, the student is in good mental and physical health, is up to date with required immunizations and should be able to complete and participate in casual recreational activities in a JSA program, unless otherwise noted on this form.

DATE: _____

PHYSICIAN'S SIGNATURE/STAMP: _____

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SUMMER TRANSPORTATION FORM

Very important: All students are required to fill out this questionnaire regardless of how you are arriving on campus. Please include a copy of your airline itinerary when you return this form (if applicable). This form is due June 1, 2018 and can also be completed on the student's MyJSA account.

STUDENT NAME: _____ CAMPUS: _____

STUDENT CELL PHONE NUMBER (ON DAY OF TRAVEL): _____

PARENT CELL PHONE NUMBER (ON DAY OF TRAVEL): _____

I will be arriving by: Adult-Driven Automobile Plane Bus Train

I will be departing by: Adult-Driven Automobile Plane Bus Train

I will need a shuttle on Opening Day Yes No I will need a shuttle on Departure Day Yes No

TRAVEL ITINERARY

Arrival Information (not required if "Adult-Driven Automobile" was selected)	Departure Information (not required if "Adult-Driven Automobile" was selected)
Originating Airport	Originating Airport
Flight/Train/Bus Number	Flight/Train/Bus Number
Airline	Airline
Arrival Time (PST for Stanford, EST for Princeton/Georgetown) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Date: _____	Depart. Time (PST for Stanford, EST for Princeton/Georgetown) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Date: _____
Connecting Flight (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Connecting Flight (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
Connecting City	Connecting City
Flight/Train/Bus Number	Flight/Train/Bus Number
Airline	Airline
Destination Airport (i.e. Dulles, Reagan, SFO, Newark)	Destintation Airport

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COURSE CHANGE REQUEST FORM (OPTIONAL)

For students who have already taken a U.S. Government, AP U.S. History and/or Speech Communication course, we recommend choosing one of the other classes listed below. Freshman Scholars are not eligible for these courses. Return this form by June 1, 2018.

STUDENT NAME: _____ CAMPUS: _____

AGE: _____ HIGH SCHOOL: _____ HIGH SCHOOL GRADUATION YEAR: _____

I would like to take the following course:

- AP U.S. Government
- AP Macroeconomics
- Honors Constitutional Law
- Honors International Relations
- Speech & Political Communication
- AP Comparative Government

What grade were you in when you took U.S. History? _____

Level of your U.S. History Course

- Honors
- Advanced Placement
- Other (please specify) _____

What was your final grade in U.S. History?

- A
- B
- Other (please specify) _____

Have you taken AP U.S. Government at a JSA Summer School?

- Yes
- No

If yes, in which year and at what campus?

Have you taken AP U.S. Government at your high school?

- Yes
- No

What was your final grade in American Government?

- A
- B
- Other (please specify): _____

Please write a brief paragraph on why you would like to take the course you've selected:

SUBMISSION INSTRUCTIONS

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ROOMMATE REQUEST FORM (OPTIONAL)

The housing lists for JSA Summer Institutes will be submitted to the university by early June. If you have a preference for your roommate, please complete this form and return it to us by May 25, 2018. The tuition of both students must be fully paid by the deadline if the roommate request is to be honored. Also, both students must submit a request form asking to be roomed with each other. All requests must be in writing.

NAME: _____

YOUR ADDRESS: _____

STATE: _____ COUNTRY: _____ ZIP: _____

YOUR PHONE: _____

YOUR HIGH SCHOOL: _____ HIGH SCHOOL GRADUATION YEAR: _____

NAME OF THE PERSON WITH WHOM YOU WISH TO ROOM: _____

REQUESTED ROOMMATE'S PHONE NUMBER: _____

SUBMISSION INSTRUCTIONS

Complete and return this optional form by **May 25, 2018**. Methods for submission:

Digitally	By Email	By Mail	By Fax
These forms are available digitally via student's MyJSA Account. Upload completed forms back to your account.	Scan and email to summer@jsa.org.	JSA Summer Programs 2001 S Street NW, Suite 510 Washington, DC 20009	(202) 296-7839