



Ripon Area School District and Ripon College
2017 Summer Program
"International Engineering and Science Camp"



Registration Form

STUDENT INFORMATION: (*Please attach a copy of your passport*)

Student Name (as it appears on student's passport) _____

Last/ Family Name(s): _____

First Name (Formal): _____

Middle Name (optional): _____

Current Grade Level: _____

Does this student plan to attend college or university in the U.S.? Yes No

Date of Birth: Month: _____ Day: _____ Year: _____

Gender: Male Female

Passport Number: _____ Expiration Date: _____

Student E-mail Address: _____

Full Family (International) Mailing Address: (Please provide the complete address)

Name: _____

Number & Street: _____

City: _____

Province/ STATE: _____

Country: _____

Postal Code or Post Number _____

School Information:

School Currently Attending: _____

School Contact Name: _____

Contact Email: _____

What type of school is this? Private High School Public High School

PARENTAL INFORMATION:

Parents' Marital Status: _____ Custodial Parent: _____

Parents' Names: _____

Address: _____

Country: _____ Post Number: _____ Home Phone: _____

Father's Cell Phone: _____ Father's Work Telephone: _____

Father's Employer: _____ Occupation: _____

Father's Email Address: _____

Mother's Cell Phone: _____ Mother's Work Telephone: _____

Mother's Employer: _____ Occupation: _____

Mother's Email Address: _____

DEADLINE: For guaranteed acceptance, please send this completed registration form by June 1, 2017. You will receive a confirmation when your information and information for payment has been received.

Email: dammc@ripon.k12.wi.us or FAX: (920) 748 – 4622

Ripon Area School District

Attn: Christine Damm

850 Tiger Drive

Ripon, WI 54971

**Ripon Area School District and Ripon
College 2017 Summer Program
“International Engineering and Science Camp”**

Tuition and Fees

The Tuition Rate for International Students is \$2,700, which includes the optional Explore Chicago trip. The total cost reflects expenses for the weekday college-stay including but not limited to:

- meals
- room and board
- ground transportation
- instructional materials
- camp activities
- admission fees

The American host family will incur meal and miscellaneous activity expenses during the host stay on the weekends. It is suggested that students bring approximately \$500.00 (USD) for the purchase of personal items during the camp experience and additional expenses during the Explore Chicago trip. If you are bringing a credit card, contact the company so they are aware of your travel to the US.

The cost for students not wishing to participate in the Explore Chicago trip is \$2,200.

Payment will be due in full upon confirmation of acceptance into the Ripon Engineering and Leadership Camp. Acceptance will be confirmed no later than June 6th via student email address on the registration form. Directions for securely wiring payment may be found below.



1120 Metomen Street
P.O. Box 991
Ripon, WI 54971-0991

(920) 748-4600
Fax (920) 748-2715
www.ripn.k12.wi.us

"More choices. Better results."

International Wire Instructions

To whom it may concern,

The following outlines our incoming wire transfer instructions for international wire transfers to the Ripon Area School District.

Swift Code: USBKUS44IMT

US Bank, NA
777 East Wisconsin Ave
Milwaukee, WI
ABA# 075000022

To credit:
Horicon Bank
326 East Lake Street
Horicon, WI
Account # 112902981

For Further Credit to:
Ripon Area School District
1120 Metomen St
Ripon, WI
Account # 1000017063

If there are any questions please call 9920-485-3040 from 8am to 4pm central standard time and ask for the wire department.

Sincerely,

J.J. Gutman
Business Manager

Parent Contract 2017
Ripon International Engineering and Science Camp

FOR STUDENT(S):

I have read and agree to all of the terms and conditions above, and I agree to obey the rules of the Summer Camp. I understand that disobeying any rule may result in the termination of my participation in the Program and loss of full Institute fees.

Student Name (Please Print): _____

Student Signature: _____

Date: _____

FOR PARENT(S) OR LEGAL GUARDIAN:

I have read and agree to all of the terms and conditions above and I agree that my child must obey the rules of the Program. I understand that disobeying any rule may result in the termination of my child's participation in the Program, loss of full Program fees, and my child's possible return to my home country at my own expense.

As the parent or guardian of _____,

I am also consenting to the following by signing below:

- I acknowledge and accept the inherent risk of all program excursions and activities.
- I am giving my consent in advance for medical treatment at a medical facility in case of illness or injury.
- I agree to hold harmless and indemnify the Ripon Area School District Board Members, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter, or ward in the course of the Program and its events.

Parent/ Guardian Name #1 (Please print): _____

Parent Signature: _____ Date: _____

Parent/ Guardian Name #1 (Please print): _____

Parent Signature: _____ Date: _____

**Ripon Area School District and Ripon College
2017 Summer Program
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Health Information Form

Student's Name _____ Birthday _____ Gender _____

School _____ Grade _____

Parent's/ Guardian's Name _____ Home Telephone _____

Address _____ Cell Phone _____

Mother's Work _____ Telephone _____

Father's Work _____ Telephone _____

Medications:

Please list the medications your child is taking daily or as needed. For those medications taken on a daily basis, please also list the time of day that they are taken and amount or dosage.

If your child will need to receive medications from school staff during the school day, a parent permission form and doctor permission form must be completed. These two forms are available at your child's school office.

Health Conditions/Allergies:

Please list any health needs your child may have that could affect him/her in school.

Does your child wear glasses/contacts? Yes _____ No _____

Does your child have health insurance? Yes _____ No _____

This information is new.

This information is an update to existing information.

This section to be completed by the physician if possible:

Please administer to _____ (Student's name) the following medication at school.

Name of Medication: _____ Dosage: _____

- Administer at the following times: _____
 Administer as needed for _____, but no more frequently than every _____

Special Instructions:

Inhalers: May carry on their person. This student has been instructed on the proper use of this medication and is sufficiently responsible to self-administer.

- May not carry inhaler on their person.

(Physician Signature)

(Date)

(Print Physician Name)

(Telephone Number)

This section is to be completed by the parent/guardian

Student's Name: _____

Date of Birth: _____

Address: _____

Telephone (Home): _____

City: _____

Telephone (Other): _____

School: _____

Grade: _____

Name of Medication _____

Dosage _____

Time to Give Medication _____

Special Instructions _____

I agree with the medication requested above and will be responsible for the following:

- Delivery of medication in a pharmacy-labeled container or original manufacturer's container to the school office
- Maintain a sufficient supply of medication
- Keep school personnel informed of changes in the dosage or time medication is to be given
- Obtain a new form from the doctor for any changes in the medication

In the event more information is needed regarding this medication or its administration, I authorize school personnel to contact the student's physician.

Parent/Guardian Signature _____ Date _____

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Request to Withhold Directory Data

In the course of a school year, groups of students are occasionally videotaped and/or photographed in classroom situations, during fine arts performances, on field trips, for teacher training, etc.

The resulting photo and/or videotape may be used in a variety of ways: to promote the school district, individual school, or specific programs to the community, to instruct students or staff members, or, to orient new parents, staff, and students. The final product could also take a variety of forms, photo displays, slide presentations, newspaper articles, pamphlets, or video programs.

Wisconsin statutes provide that schools or school districts may legally release:

- a student's name;
- photograph;
- participation in officially-recognized activities and sports;
- height and/or weight if a member of an athletic team that uses this information;
- date of graduation; and
- degrees and awards received

The Ripon Area School District will consider videotapes the same as photographs.

Such information may be withheld if the district is advised by the parent, legal guardian, or eligible student (18 years of age or older) to do so. If it is your wish NOT to allow the above information to be released, and if you are the parent, legal guardian, or eligible student, you must annually sign a “Request to Withhold Directory Data” form available at your school office. If we have not received the request form to withhold information within 14 days of the distribution of this handbook, we can then assume, according to state statutes, that the directory data listed above may be released if requested.

Please understand that by signing the “Request to Withhold Directory Data” form your child **will not** have his/her picture or name in school yearbooks or student newspapers, sports programs, awards programs, music/drama programs, local newspapers (news stories, graduation issue) etc. There can be no exceptions.

REQUEST TO WITHHOLD DIRECTORY DATA

The Ripon Area School District, pursuant to the Family Educational Rights and Privacy Act and State Statutes 118.125 (1)(b) and 118.25 (2)(j)(1,2 and 3) has designated the following as Directory Data as provided in said Act and Statute:

- a student's name;
- photograph;
- participation in officially-recognized activities and sports;
- height and/or weight if a member of an athletic team that uses this information;
- date of graduation; and
- degrees and awards received

For example, no student pictures or names could be used in yearbooks, student newspapers, local newspapers, sports or awards programs, music/ drama programs, etc.

The above specified directory data information may be disclosed to any person, if a school has notified the parent, legal guardian, or eligible student, (18 years of age or older) of the information it has designated as directory data with respect to any pupil, and the school has allowed 14 (fourteen) days from enrollment for the parent, legal guardian, or eligible student to inform the school by completing the district's Request to Withhold Directory Data form that such information MAY NOT be released without prior consent of the parent, legal guardian, or eligible student. The Ripon Area School District will consider videotapes the same as photographs. In addition, two federal laws require local education agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses, and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. (These laws are: Section 9528 of the ESEA (20 USC 7908), as amended by the No Child Left Behind Act of 2001 (PL 107-110), the education bill, and 10 USC 503, as amended by section 544, the National Defense Authorization Act for Fiscal Year 2002 (PL 107-110), the legislation that provides funding for the Nation's armed forces.) A separate form must be signed to withhold information from military recruiters and/or institutions of higher education.

REQUEST TO WITHHOLD DIRECTORY DATA

In accordance with the provisions of the above notice, I hereby request the withholding of all information having been designated as being directory data by the Ripon Area School District with regards to _____ (Student's Name) who attends RIPON HIGH SCHOOL. I understand that I cannot select specific items to be included or withheld.

(Signature of Parent, Guardian or Eligible Student)

(Date)

**RIPON AREA SCHOOL DISTRICT/RIPON COLLEGE
UNIFORM STATEMENT OF RESPONSIBILITY,
RELEASE AND AUTHORIZATION
TO PARTICIPATE IN A FIELD TRIP/SUMMER PROGRAM EXPERIENCE**

Whereas, I desire to participate in the field trip/summer program experience sponsored by the Ripon Area School District and Ripon College, the School District and College have approved my participation in the field trip/Summer Experience during the period of July 14 – August 3, 2017. I hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation in the program;
- 2) I grant the School District and College, their employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the trip including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency;
- 3) Accident and health insurance, medical evacuation, and repatriation insurance applicable inside/outside of the United States are recommended for my participation in the trip. I understand that the College and School District encourages me to have appropriate insurance coverage for the entire time of the trip;
- 4) I shall conform to all applicable policies, rules, regulations and standards of conduct as established by the College and School District to ensure the best interest, comfort and welfare of the trip;
- 5) I shall accept termination of my participation in the trip by the School District with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the College and School District;
- 6) The School District reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the College and School District shall not be liable for any loss whatsoever to program participants as a result of such changes;
- 7) I voluntarily indemnify and hold harmless Ripon College and the Ripon Area School District, their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) arising out of my participation in the field trip/Summer Experience and which do not arise out of the negligent acts or omission of an officer, employee, and agent of Ripon College and Ripon Area School District while acting within the scope of their employment or agency;
- 8) I acknowledge that I have read this document and understand and accept its terms.

Participant's Signature

Date

Parent/Guardian Signature

Date

**RIPON AREA SCHOOL DISTRICT/RIPON COLLEGE
INTEREST INVENTORY**

PERSONAL INFORMATION (please any check words below that describe you)

- | | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adaptable | <input type="checkbox"/> Friendly | <input type="checkbox"/> Neat | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Shy | <input type="checkbox"/> Athletic |
| <input type="checkbox"/> Humorous | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Reliable | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Reserved | <input type="checkbox"/> Studious | <input type="checkbox"/> Considerate | <input type="checkbox"/> Informal | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Talkative | <input type="checkbox"/> Extroverted | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Tolerant | <input type="checkbox"/> Flexible | <input type="checkbox"/> Introverted | <input type="checkbox"/> Quiet | <input type="checkbox"/> Serious | <input type="checkbox"/> Traditional |

Indicate your 5 favorite interests in order of preference by using numbers 1, 2, 3, 4, 5 with '1' being the most preferred:

Billiards/ Pocket		Computer		Discussing Ideas		Music Contemporary		Singing	
Board Games/Card		Cooking		Discussing Politics		Photography/ Video		Spend time with	
Body Building		Craft		Drama/Theater		Ping Pong		Cinema/ Movies	
Camping/ Backpackin		Dance		Gardening		Playing an Instrument		Stamp/Coin Collecting	
Chess/ Backgammo		Drawing/ Painting		Museums/ Galleries		Reading		Watching Sports	
Other:		Other:		Music-Classical		Sewing/ Needlework		Watching Television	

List any musical instruments you play: _____

Tell more about the interests you specified above or list other interests not indicated above: (For example: I like to meet new people and I want to make friends)

Indicate your 5 favorite sports in order of preference by using 1, 2, 3, 4, 5 with '1' being most preferred:

U.S Football		Field Hockey		Riding Horses		Ping Pong		Tennis	
Badminton		Fishing		Hunting		Roller Skating		Track/ Running	
Baseball		Golf		Ice Hockey		Snow Skiing		Volleyball	
Basketball		Gymnastics		Ice Skating		Soccer		Water Skiing	
Bicycling		Hiking		Martial Arts		Swimming		Wind Surfing	

Tell more about the level of your participation and/or achievements in the sports listed above or list other sports not listed:
