



College Exploration Summer Seminar July 24-28, 2017

This week-long summer seminar is designed to expose high school students to a variety of college campuses and assist them in the process of developing their own college search criteria. This counselor-led program will include a series of day trips to local colleges and universities in one week. Students will take guided tours and attend information sessions at each campus. They will learn how to determine if a school may be a good match for their own interests, goals, and needs. Admissions requirements and the application process will be discussed, as well. We will tour public and private colleges that range in selectivity, size, cost, and setting. **The seminar is open to students entering grades 10-12.**

Tentative Travel Schedule:

Monday 7/24 8:00a.m. – 2:30p.m.

University of Connecticut (Storrs)

Tuesday 7/25 8:00a.m. – 5:30p.m.

Fairfield University and Southern Conn. State Univ.

Wednesday 7/26 8:00a.m. – 12:00p.m.

Western New England Univ.

Thursday 7/27 8:00a.m. – 1:30p.m.

Westfield State and GMHS Alumni Panel

Friday 7/28 7:00a.m. – 10:30p.m.

Emmanuel College and Northeastern Univ.

Followed by a fun activity in downtown Boston!

The schedule will also include some instructional time with students in the classroom. The list of specific colleges is subject to change pending each college's availability to host groups. A final detailed itinerary will be mailed to registered students during the last week of June.

Students must be able to make a commitment to attend the full program.

Cost of Tuition: \$225 (Non-refundable) Limited space available. Registration is first come, first served upon receipt of \$100 deposit. Remaining balance due is due by June 1st. Please make check payable to GMHS. Financial assistance may be available to families experiencing financial hardship.

Bus transportation to/from colleges, leaving from the high school, will be provided daily. Families will be responsible for transportation to/from the high school each day.

College Exploration Summer Seminar 2017 Registration Form

Dear Parent/Guardian:

In order for your child to participate in College Exploration Summer Seminar, the enclosed packet of information must be completed and returned to the School Counseling Office no later than June 1, 2017.

Checklist of Forms Required:

- ✓ Registration Form
- ✓ Emergency Medical Information Form
- ✓ Over the Counter Medication Orders (if applicable)*
- ✓ Administration of Prescription Information (if applicable)*

*Please note: Medication order forms are due to expire after one year. Please be sure to check the date on any existing medication orders.

_____ has my permission to attend college visits (some visits will be out of state) during the week of July 24-28, 2017 to the following colleges: University of Connecticut, Fairfield University, Southern Connecticut State Univ., Western New England Univ., Westfield State Univ., Emmanuel College, and Northeastern Univ.

Parent/Guardian Signature

- ❖ Are you interested in having your contact information shared with families who may be interested in carpooling for high school drop off/pick up? Y/N
- ❖ Has this student participated in this seminar in the past? Y/N
- ❖ If yes, which session? 2015 or 2016

I understand that my student must be able to attend the full program. Prompt arrival is required each morning. I understand that the group cannot hold the bus for students arriving late in the morning. Initial here (_____)

Check for \$100 deposit payable to GMHS is due at registration. Balance of \$125 due by June 1st. Please note student's name in memo line of check.

PARENT'S CONSENT FOR EMERGENCY TREATMENT FOR MINORS

In the event of an emergency or sudden illness, I grant permission to Granby Memorial High School personnel to seek medical treatment. I understand that this authorization is given to avoid unnecessary delay in emergency or medical treatment. I presume a reasonable attempt will be made to contact me or person(s) listed as emergency contact prior to seeking treatment unless it is deemed an emergency by chaperoning personnel. Granby Memorial High School (GMHS) or individuals representing GMHS will not be responsible for any charges incurred.

Parent/Guardian Signature

Date

EMERGENCY MEDICAL INFORMATION FORM

Name: _____ DOB: _____

Address: _____ Home Phone: _____

Health Insurance (attach a copy of insurance card or complete the following):

Name of Insurance Company _____ ID Number: _____ Group Number: _____

Allergies (medications, insects, food etc.)

Dietary Restrictions:

List and describe any current medical issues concerning your child that should be shared with the chaperoning teacher(s) and emergency medical personnel.

Current Medications: **List all medications the student will be taking while on this trip** in the space provided below. Attach the completed Authorization for the Administration of Medicine form for **EACH** prescription medication and/or the completed Over-The-Counter Medication Order form. If you have a medication order on file for **AS NEEDED** medications such as an Epi Pen or Inhaler you do not need a second form. You will need a second form for **DAILY** medications.

IN CASE OF EMERGENCY, PLEASE CONTACT:

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Other Phone</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Parent/Guardian Signature Date