

Summer Sojourn at Franklin Academy

Application for Summer 2010

Applicant Information

Last Name _____ First Name _____
 Nickname _____ Date of Birth ____/____/____
 Age ____ M ____ F ____ Grade in 2009/10 ____
 Street Address _____ City _____
 State _____ Zip _____
 Telephone _____ Email _____
 Cell Phone _____ Social Security # _____

Family Information

Father / Guardian		Mother / Guardian
	Name	
	Street Address	
	City, State, Zip	
	Home Telephone	
	Work Telephone	
	Cell Phone	
	Email	
	Social Security #	
	Occupation	
	College (s) Attended	

Please check if appropriate:

Parents Separated Parents Divorced Mother Remarried Mother Deceased Father Remarried Father Deceased

If Parents are divorced, who has legal custody of student? _____

With whom does the student live? _____

Who has financial responsibility for Summer Sojourn tuition? _____

School Information

Name of Most
Recent School _____

Address _____

City, State,
Zip _____

Telephone _____

Contact
Person _____

Summer Sojourn Requests

Please check desired session (s) and area (s) of interest:

Session I June 30 - July 13

Session II July 15 - July 28

Art

- Landscape Painting
- Theater
- Guitar Jam
- Screen Printing

Science & Technology

- Robotics
- Paranormal Research
- Aeronautics
- Forensic Science
- Myth Busters

Planet Earth

- Ecology
- Estuary Studies
- Organic Gardening
- Fishing

Animals

- Animal Behavior
- Horseback Riding and
Equine Studies

Communication

- Pod Casting
- Creative Writing

Leadership

- Community Service
- Group Dynamics
- Social Causes
- First Aid & CPR Training

Franklin Evaluation Center (additional fee)

This option is for students needing updated testing or re-evaluation. A complete assessment will be conducted during either two-week session. Students will be able to participate in a path and activities while being evaluated.

Signature of Applicant

Date

Signature of Custodial Parent or Legal Guardian

Date