



**Martin W. Essex School for the Gifted and Talented™  
at Otterbein University**

**June 19-25, 2016**

**Registration Materials**

**Registration Deadline – April 1, 2016**



**OTTERBEIN  
UNIVERSITY**



# Martin W. Essex School for the Gifted and Talented™ at Otterbein University

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## GENERAL INFORMATION

1. The purpose of the Essex School is to provide enrichment experiences for rising eleventh and twelfth grade students who are academically gifted and/or talented.
2. The School will operate June 19-25, 2016 on the campus of Otterbein University. All meals will be provided in dining halls or will be catered by local restaurants.
3. Those registered will participate in a **WEEK-LONG RESIDENTIAL** summer enrichment experience that includes activities such as seminars, workshops and extended projects focusing on a variety of subjects, such as science, sustainability, the arts, and literature. One workshop will be devoted to Otterbein's 2016 Common Book. All students will be sent a copy of this book after registering for the School.
4. The School will explore academic and/or artistic pursuits at a level not always possible in the typical high school classroom. The topics addressed by the seminars and workshops will reflect the interests of the students, and will have an eye especially on salient contemporary issues.
5. Neither grades nor credits will be given; however, students will receive a certificate of participation at the conclusion of the School.
6. The cost of the Essex School for 2016 is **\$550.00** (just reduced due to a grant award). This cost can be assumed by family, district, and/or community of applicant. Financial assistance may be available for those who qualify. A \$100 non-refundable deposit is due at the time the registration packet is submitted (checks payable to Otterbein University) and the final payment of \$450 is due April 15, 2016.
7. Because time at the Essex School is limited, students will not be granted leaves of absence from the School; attendance at all of the School activities is mandatory.
8. All students must adhere to the rules and regulations as prescribed and communicated to them. Any violation of these rules may result in the student's immediate dismissal from the School.

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**All completed registration packets should be forwarded to:**

SUZANNE PALMER  
GIFTED SERVICES COORDINATOR  
WORTHINGTON CITY SCHOOLS  
200 E.WILSON BRIDGE RD, STE 200  
WORTHINGTON, OH 43085  
(614) 450-6055

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**STUDENT INFORMATION FORM**

Student Name:	
Home Address:	
Phone (include area code):	
Email address:	
Date of Birth:	

Gender (check box):     Female                       Male

Ethnic Background (check box):

- Hispanics of any race**
- American Indian or Alaska Native**
- Asian**
- Black or African American**
- Native Hawaiian or Other Pacific Islander**
- White**
- Two or more races**

High School of Attendance:	
Current Grade:	
School District:	
Parent(s)/Guardian(s) Name(s):	

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## PARENT/GUARDIAN PERMISSION FORM

To be completed by parent/guardian of student applicant:

I, the parent/guardian of \_\_\_\_\_, grant permission for him/her to participate in the Martin W. Essex School for the Gifted and Talented™ at Otterbein University. If my son/daughter is registered, I understand my obligation to notify the School's coordinators immediately should he/she not be able to attend.

I acknowledge that the following conditions will apply:

- The School will be held on the campus of Otterbein University in Westerville, OH.*
- All participants will abide by the rules and regulations set forth by the School; in particular, absence from scheduled activities or departure from the campus at any time is prohibited, except in the case of an emergency.*
- Infraction of the rules and regulations set forth by the Essex School will be cause for immediate dismissal from the Program.*

I understand that **this form must be completed, signed, and returned to the School coordinators as part of the student's registration packet**; also, I recognize that submission of a fragmentary registration packet will preclude a student from being registered for the Essex School. In signing below, I verify my understanding of the above-explained conditions.

Name of Parent/Guardian A: (please print)	Date (xx/xx/xxxx):
Signature of Parent/Guardian A:	

Name of Parent/Guardian B (OPTIONAL): (please print)	Date (xx/xx/xxxx):
Signature of Parent/Guardian B:	

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## STUDENT ELIGIBILITY FORM

### Instructions to Students

This form must be completed and signed by a gifted education coordinator, gifted education teacher, guidance counselor, principal, or psychologist. Submit the completed and signed form with your registration packet.

### Instructions to Educators:

To be eligible to participate in the Martin W. Essex School for the Gifted and Talented™ at Otterbein University, students must be identified as gifted in one or more areas.

Student's Name:		Student's Current Grade	
School District	School Building	County	
Area of Gifted Identification: <input type="checkbox"/> Superior Cognitive <input type="checkbox"/> Creative Thinking <input type="checkbox"/> Visual/Performing Arts		Specific Academic Ability <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Reading, writing, or a Combination <input type="checkbox"/> Social Studies	
"I certify that the student named above meets the criteria for gifted identification."			
School Official's Name (Print): _____			
School Official's Signature: _____			
School Official's Position: _____			
School Official's E-mail: _____			
School Official's Phone: _____			

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## FINANCIAL ASSISTANCE (OPTIONAL)

### Parent(s) and Guardian(s):

Limited financial assistance may be available to those students who meet Federal guidelines to qualify for Free and Reduced Price School Meals. If your child qualifies for the Free and Reduced Price School Meal program at his/her school, he/she may receive a full or partial scholarship. This information will need to be verified by the school official. In order for the school official to verify qualification for Free and Reduced Price School Meals, your permission is required. Please read statement below and sign and date.

“My child qualifies for the Free or Reduced Price School Meal program at his/her school and I give my permission for the school official to verify my child’s status of Free or Reduced Price School meals with the Martin W. Essex School for the Gifted and Talented at Otterbein University program coordinators. I understand this information will only be used for purposes related to financial assistance for the Martin W. Essex School for the Gifted and Talented at Otterbein University.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**\*\*\* Return to School for verification that student qualifies for free/reduced lunch \*\*\***

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### *For completion by School Official*

Limited financial assistance may be available for those students who qualify for the Free or Reduced Price School Meal Program. If the parent/guardian of applicant has given permission above for release of this information by the school official, please read statement below:

“I certify the student named above does qualify for the Free or Reduced Price School Meals Program.”

This student qualifies for:       Free       Reduced Price       Does Not Qualify

School Official’s  
Signature: \_\_\_\_\_

School Official’s  
Telephone: \_\_\_\_\_

School Official’s Position: \_\_\_\_\_