



Final Course Sign Up (Side One)

Student Name _____ Semester: Fall Spring (*Please circle one*)

While participating in the HMI semester, each student takes five or six classes, depending on requirements of his/her sending school and personal interests. Students are required to take at least five classes, although most students take six. Please note that the workload on campus for the Practices and Principles class is reduced. Check which five or six classes you plan to take while at the HMI Semester:

You must choose 5 or 6 classes:

- Practices and Principles: Ethics of the Natural World (Required)
- Literature of the Natural World (Required)
- Natural Sciences (Required)
- U.S. History: Western Perspectives
- AP® U.S. History (you must be enrolled in the AP® course at your home school)
- Math:(see the Math Questionnaire to help you decide which course to choose, or simply check *all* that you think might apply)

Fall at the HMI Semester

- Algebra II: Algebra and Functions
- Algebra II: Trigonometry
- Precalculus: Functions
- Precalculus: Trigonometry
- Precalculus: Advanced Functions and Trigonometry
- Calculus: A
- Calculus: B

Spring at the HMI Semester

- Algebra II: Analysis
- Algebra II: Trigonometry
- Precalculus: Functions and Analysis
- Precalculus: Trigonometry
- Precalculus: Analysis and Limits
- Calculus: A
- Calculus: B
- Calculus: C
- Spanish: Intermediate Spanish (approximately Level III, you must have taken two full years of Spanish to take this class in the fall at HMI or 2 ½ years to take this class in the spring at HMI)
- Spanish: Advanced Spanish (approximately equivalent to Level IV)
- French: Intermediate French (approximately Level III, you must have taken two full years of French to take this class in the fall at HMI or 2 ½ years to take this class in the spring at HMI)
- French: Advanced French (approximately equivalent to Level IV)
- Independent Study in _____ (prior approval from the Assistant Head of School is required. Please call or email Ben Dougherty as soon as possible if you have questions at 719-486-8200, ext. 127 or bdougherty@hminet.org)



Final Course Sign Up (Side Two)

Our goal in the AP® history, foreign language, and math classes is to parallel what you would study at your sending school. While we do not promise to cover every single topic the same way each would be covered at your sending school, we still need information about your sending school classes. We need your help facilitating this. The more information you can provide our faculty, the easier it will be to reach that goal.

Please also be sure to have your teacher or Department Chair fill out the math and language questionnaires.

In addition, our faculty may need to contact your teachers during your semester here. Please give us the names and office telephone numbers of the teachers for each of the following courses that you will take during the 2011-12 school year. If you do not know the teachers, please list the Department Heads.

French _____ ①

Math _____ ①

Spanish _____ ①

U.S. History _____ ①

Independent Study subject: _____

Independent Study teacher: _____ ①



Special Information

Student Name _____ Semester: Fall Spring (Please circle one)

Testing &/or Learning Disabilities Information

Do you have any learning disabilities or have any special needs for testing? If "yes", please explain in detail and attach additional sheets as necessary.

Yes No _____

Are you allowed extra time for the SAT or AP exams by the College Board? Yes No

Are you allowed extra time at your sending school for tests? Yes No

If you do have special test taking requirements, we need documentation before you arrive. Your parents and/or your school should have the necessary paperwork. For standardized tests, we need a copy of a letter from The College Board that includes your personal SSD Code. Please send copies directly to Ben Dougherty at HMI. If you have any questions, please contact Ben at 719-486-8200 x127 or bdougherty@hminet.org.

Have you sent any test taking documentation (including SSD code letter) to Ben at HMI?

Yes No, I will mail it by _____. n/a

Dietary Needs or Restrictions: To assist us in planning expedition rations and on-campus meals, please describe any medical, religious, or ethical dietary restrictions or special needs. _____

The following information is optional:

What is your first language, if other than English? _____

How would you describe yourself: (Please check one)

- African American
- Latino/Hispanic American
- Asian American
- Native American
- Middle Eastern American
- Multiracial American
- Pacific Islander American
- European American
- International
- Unsure/Choose not to report





College Counseling Form (Side One)

Student Name _____ Semester: Fall Spring (Please circle one)

To the student:

As you may know, junior year is when most students start thinking about whether they want to go to college, and where they might like to go. While you are participating on the HMI Semester, you will need to continue with the college counseling process. In order to facilitate this process, we would like you to make an appointment with your college counselor *before* you come to Colorado. Please meet with your counselor, fill out this form together, and return the form to us. This is especially important for spring semester students.

To the College Counselor:

The student named above is planning to attend the High Mountain Institute Semester during the fall or spring of his/her junior year. The HMI Semester is a 17-week program that emphasizes rigorous academics and advanced wilderness skills in a small community setting and on several wilderness expeditions. While participating in the semester, students are required to take our Ethics of the Natural World: Practices and Principles course, Natural Science and English courses. Most students take three additional classes and may choose from U.S. History or AP® U.S. History, French, Spanish, or Math (different levels of Algebra II, Precalculus, and Calculus).

During the spring semester, we have several college counselors visit our campus before spring break. During that time, each student meets with one of the counselors to start generating a preliminary list of colleges to consider. To help our counselors do the best possible job with your student(s), please give us as much information as possible on the reverse of this form. **It may also be helpful to have a copy of your school's college counseling questionnaire.** Once our counselors have generated an initial list, we will send you a copy for your files. If you are interested in being one of the visiting college counselors (typically it is during the 3rd or 4th weekend of March), send an email to Molly Barnes, the Head of School at molly@hminet.org.

Please spend a few minutes with the student filling out the following form before he/she leaves for HMI so that you and the student know what to expect. We also encourage the students in the Fall Semester to take the PSAT exams, and in the Spring Semester to take the SAT exams and any AP exams for which they are prepared. Students in the Spring Semester leave Leadville in time to take the SAT subject tests at home in June. If you have any questions, please do not hesitate to call or send an email to Ben Dougherty, the Assistant Head of School at 719-486-8200 ext 127 or bdougherty@hminet.org.

Students must register to take the SATs before they come to HMI. The spring semester students will be taking the SATs on the May test date at the Salida High School in Salida, Colorado. The test site code is 06290

Please answer the questions on the reverse side.



College Counseling Form (Side Two)

Student Name _____ Semester: Fall Spring (*Please circle one*)

School _____ School's Main Phone# _____

School Code (Required) _____

College Counselor's Name _____

College Counselor's Address _____

College Counselor's Phone # _____ E-mail _____

Best way to stay in touch with you: _____

Student's Past Scores:

PSAT _____ Date _____

SAT I-Reasoning _____ Date _____

SAT II- Subject Tests _____ Date _____

Student is planning to take which exams?

PSAT: yes/no When? _____ Where? _____

SAT I: yes/no When? _____ Where? _____ Is he/she registered? yes/no

SAT II: Subject _____ When? _____ Where? _____ Is he/she registered? yes/no

SAT II: Subject _____ When? _____ Where? _____ Is he/she registered? yes/no

SAT II: Subject _____ When? _____ Where? _____ Is he/she registered? yes/no

AP subject _____ When? _____

AP subject _____ When? _____

AP subject _____ When? _____

Is there anything in particular you would like the student to do before your next meeting with him/her?

College Counselor's Signature _____ Date _____

***This form should be returned to HMI
Before June 1 for Fall Semester students and before October 1 for Spring Semester students***



Health Insurance Information (Side One)

Student Name _____ Semester: Fall Spring (*Please circle one*)

We ask that you fill this form out carefully, accurately, and neatly! This information will be shared only with HMI personnel, consulting and treating medical personnel and other individuals working with HMI. Otherwise, HMI attempts to keep the information confidential.

Our Medical Advisor, Dr. Lisa Zwerdinger, and her partners treat our students when they need medical care. In order to facilitate a possible visit to Rocky Mountain Family Practice or another Emergency Room; please fill in the information below. Please note that all students participating in HMI programs must have health insurance. In addition to providing the following information, please bring any necessary paperwork.

PLEASE PRINT NEATLY, IN INK!

Health Insurance Information

Student's Social Security # _____ Driver's License # & State _____

Person Responsible for Fees _____ Relationship _____

Telephone # _____ Work Telephone # _____ Other Tel # _____

Address _____ City _____ State _____ Zip _____

Insurance Company _____

Claim Address _____

Claim Phone # _____ Subscriber's Name _____

Subscriber's Social Security # _____ Subscriber's Date of Birth _____

Insurance ID # _____ Group # _____

Do you have a prescription or drug card? If so, please include all information we will need to get you a prescription: _____

Dental Insurance Company _____

Dental Ins. Claim Address _____

Dental Insurance Claim Phone # _____

Dental Insurance Subscriber's Name _____

Subscriber's Social Security # _____ Subscriber's Date of Birth _____

Dental Insurance ID # _____

Dental Insurance Group # _____

Please include a photocopy, front and back, of all relevant insurance cards.

If there is any other Insurance Information that would be helpful, please attach additional pages.



Health Insurance Information (Side Two)

Emergency Contact Information

We will first try to contact your parents. If your parents are not available, who else should we contact if there is an emergency, medical or otherwise? **(Please list adults other than your parents.)**

Name: _____ Relationship: _____

Home Telephone #: _____ Work Telephone #: _____

Address: _____

Who should we contact if the person above cannot be reached?

Name: _____ Relationship: _____

Home Telephone #: _____ Work Telephone #: _____

Address: _____

ATTENTION – SIGNATURE REQUIRED! One or both parent/s of the student, or the student, if an adult (those 18 yrs. or older) must sign below for the Emergency Authorization:

EMERGENCY AUTHORIZATION:

I authorize HMI staff, representatives or other medical personnel to obtain or provide medical care for me/my child, to transport me/my child to a medical facility, and/or to render treatment (including, but not limited to hospitalization, medications, injections, anesthesia, or surgery) they consider necessary for my/my child's health. I agree to the release (to or by HMI) of any records necessary for treatment, referral, billing, or insurance purposes. I agree that HMI has no responsibility for medical care provided to me/my child, and agree to pay all costs associated with such care. This form may be photocopied for use in the field.

Student Name (printed): _____ Student Signature: _____ Date: _____
(if 18 yrs or older)

Parent/Guardian Name (printed): _____ Parent/Guardian Signature: _____ Date: _____

2nd Parent/Guardian Name (printed): _____ 2nd Parent/Guardian Signature: _____ Date: _____

Did you include a photocopy of insurance card (both sides)? Yes No



Contact Information

Student's Full Name	Semester #	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring
Permanent Mailing Address		
Permanent City, State, Zip		
Student's E-mail Address		
Student's Cell Phone #	Student's Social Security #	

Parent's Contact Information

Father's Name (Dr./Mr.)	Mother's Name (Dr./Ms./Mrs.)
Step Mother's Name(Dr./Ms./Mrs)	Step Father's Name (Dr./Mr.)
Home Address	Home Address
Home City, State, Zip	Home City, State, Zip
Home Phone	Home Phone
Home Fax	Home Fax
Preferred E-mail Address	Preferred E-mail Address
Father's Cell Phone	Mother's Cell Phone
Employer	Employer
Title/Position	Title/Position
Work Address	Work Address
Work City, State, Zip	Work City, State, Zip
Work Phone	Work Phone

Grandparent's Contact Information

Paternal Grandparent(s) Name(s)	Maternal Grandparent(s) Name(s)
Mailing Address	Mailing Address
City, State, Zip	City, State, Zip
Send newsletter, photos, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	Send newsletter, photos, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No

Hometown Newspaper Contact Information

Newspaper Name	
Newspaper Address	
Newspaper City, State, Zip	
Newspaper Phone	Newspaper Fax
Newspaper E-mail	Newspaper Website

Sibling Information

Name	Age & High School Grad Year	Current High School/ College	Any reason not to send age-appropriate program info?



