



BREWSTER ACADEMY SUMMER SCHOOL APPLICATION FOR ADMISSION

Please return this application with a non-refundable application fee of \$50

☐ Check payable to Brewster Academy enclosed (checks from the US only)

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Name of Cardholder: _____

Number: _____

Expiration Date: _____ Signature: _____

Student Name: _____
Last First Nickname

Address: _____ ☐ Male ☐ Female

Date of birth: _____

Current Grade: _____

Phone: _____ **Email:** _____

Do you intend to apply or attend Brewster Academy in the fall? ☐ Yes ☐ No

Applying as a: ☐ Boarding student (American) ☐ Boarding student (International/ESL) ☐ Day student

T-Shirt Size (Adult): ☐ XS ☐ S ☐ M ☐ L ☐ XL

Father/Guardian's Contact Information:

Name: _____ Email: _____

Address (if different from above): _____

Occupation: _____ Phone: _____

Mother/Guardian's Contact Information:

Name: _____ Email: _____

Address (if different from above): _____

Occupation: _____ Phone: _____

Does the student have an educational consultant? ☐ Yes ☐ No If yes, complete contact information:

Name: _____ Phone: _____

Email: _____

COURSE SELECTIONS

Please rank your top six course selections

Due to scheduling, students will be assigned to four courses.

STEM Courses

- ____ Computer Graphics
- ____ CSI: Crime Scene Investigation
- ____ Digital Photography
- ____ Drone Technology (additional \$500)
- ____ Experimental Science
- ____ Linear Algebra
- ____ Movie Making (Intro)
- ____ Movie Making (Advanced)
- ____ Quadratic Algebra
- ____ Rockets: The Geometry Behind NASA
(additional \$250)
- ____ 3D Modeling & Printing
- ____ Web Design

English as a Second Language Courses

ESL students must choose both:

- ____ ESL Communication
- ____ ESL Language

Humanities & Other Courses

- ____ Creative Writing
- ____ Designing Your Academic Life
- ____ English Literature
- ____ Advanced Literary Studies: The Great Gatsby
- ____ Global Citizenship
- ____ Media Studies & Modern Expression
- ____ One-Act Theater

How did you learn of our program?

- ☐ School Counselor, Teacher, Administrator
- ☐ Brewster website
- ☐ Educational Consultant
- ☐ Summer School/Camp Fair

- ☐ Brewster student or graduate
- ☐ Referred by relative or friend
- ☐ Summer Camp Referral Service
- ☐ Other, please explain: _____

**Is the student under the care of a physician, psychologist, psychiatrist, or other professional?
Please list the contact information of the attending professional and reason for consultation.**

Name: _____

Address: _____

Telephone: _____ Email: _____

Date(s): _____ Reason for consultation: _____

List medications if any: _____

The information provided in this application and in the supporting materials are complete, accurate, and true to the best of my knowledge. I understand that furnishing false or incomplete information may result in the revocation of admission.

Student Signature

Date

Parent/Guardian Signature

Date