**Enrollment Paperwork**

All Enrollment Documents, with the exception of the Physician’s Form and Travel Plans Form, are due within ten (10) days of receiving your acceptance letter. **To ensure the security of sensitive and personal information,** we strongly encourage you to upload the Program Fees Payment Form and the Physician’s Form and Immunization Record to the application website. To expedite processing of your enrollment, we suggest that you upload the remaining forms, as well. Alternatively, the paperwork may be submitted to Engineering Innovation via email to El-enrollmentforms@jhu.edu or mailed to:

Engineering Innovation  
Johns Hopkins University  
040 Shriver Hall  
3400 N. Charles Street  
Baltimore, MD  21218

**Required Enrollment Documents Due Within 10 Days:**
- Acceptance Form
- Program Fees Payment Form and Payment
- Waiver and Release Form
- Consent to Medical and/or Surgical Procedure Form
- Student Health Form
- Agreement to Abide by Program
- Procedures for Dealing with Issues of Academic Misconduct Form
- Residential Student Rules and Regulations Form
- Residential Hall Information Form

**Required Enrollment Documents Due by May 19, 2017:**
- Physician’s Form and Immunization Record
- Travel Plans Form

**Additional Forms**
- Financial Assistance Expectation Form (only if you are receiving Financial Assistance)
- Off Campus Overnight Visiting and Transportation Form

**Additional Action Item Due at Least 2 Weeks Prior to the First Class:**
- Contact the Office for Student Disability Services (if you are requesting accommodations)
I, __________________________________________, accept your offer of admission to the Johns Hopkins University
(Please Print Your Name Legibly)
Summer program, Engineering Innovation at Hood College.

Student Signature_______________________________________________Date_____________
(Must be handwritten – a typed name is not acceptable)

Signature of Parent or Guardian ____________________________________Date____________
(Must be handwritten – a typed name is not acceptable)

Signature Statement
If you will be scanning and emailing or faxing the enrollment documents, you must sign the following statement.

The parties hereby acknowledge and agree that facsimile signatures or signatures transmitted by electronic mail in so-called “PDF” format shall be legal and binding and shall have the same full force and effect as if an original signature had been delivered. The parties (i) intend to be bound by the signatures on any document sent by facsimile or electronic mail, (ii) are aware that the other party will rely on such signatures, and (iii) hereby waive any defenses to the enforcement of the terms of this Agreement based on the foregoing forms of signature.

Student Signature_______________________________________________Date_____________
(Must be handwritten – a typed name is not acceptable)

Signature of Parent or Guardian ____________________________________Date____________
(Must be handwritten – a typed name is not acceptable)

The Family Educational Rights and Privacy Act of 1974 (FERPA)
The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that establishes certain rights and protections for students concerning the privacy of student education records maintained by a postsecondary institution. Under FERPA, a student’s written authorization is required before JHU may disclose personally identifiable information from that student’s education records, except to the extent that a FERPA exception permitting disclosure without authorization applies

PLEASE NOTE: FERPA permits JHU to disclose “Directory Information” to third parties, unless the student has opted out. Some examples of “Directory Information” are: name, email, phone number, home address and parents’ names. Further information on FERPA is available at http://web.jhu.edu/registrar/ferpa. FERPA permits a student to opt-out by requesting that JHU not release Directory Information about that student to third parties. This request may be made by completing and submitting the “Request to Prevent Disclosure of Directory Information” form, located at http://web.jhu.edu/registrar/forms-pdfs/FERPA/ExclusionDirectoryInfo2.pdf, and sending the form to JHU Engineering Innovation, 040 Shriver Hall/3400 N. Charles Street, Baltimore MD 21218. Unless this form is submitted, Directory Information may be disclosed to third parties at JHU’s discretion.
Program Fees Payment Form

Student Name: (please print legibly) _____________________________________

Please submit your tuition and room and board payment within 10 days of receiving your offer of admission. The payment amount is found on your offer letter.

Refund Policy:
Tuition refunds will be determined by the date the student’s parent submits a written statement of withdrawal to Engineering Innovation. Withdrawals received at least three weeks prior to the start of class will receive a 90% tuition reduction. Withdrawals received within three weeks up until the Friday of the first week of class will receive a 50% tuition reduction. No refunds will be issued after the end of the first week.

The Residential Fees including room and board and the activity fees are non-refundable.

The International Fee is non-refundable.

No refund will be granted to students suspended or dismissed for disciplinary reasons. The Engineering Innovation program reserves the right to dismiss a student whose academic standing or general conduct is considered unsatisfactory

Fees are payable by check or credit card.

I have enclosed full payment of $_____________(balance due as listed on your offer letter) with my acceptance.

☐ Check – include student name on the memo section of the check and make payable to Johns Hopkins University

☐ Scholarship (Sponsoring Organization ________________________________)

☐ Credit Card

Credit Card Type:   ☐ Visa    ☐ MasterCard    ☐ American Express    ☐ Discover

Credit Card Number ______________________________________Exp. Date_________________

Name on Credit Card________________________________________________________ (please print)

Cardholder’s Signature ______________________________________________________
(Must be handwritten – a typed name is not acceptable)

Daytime phone_____________________________________________________________

Cardholder’s Email: _________________________________________________________
WAIVER AND RELEASE FORM

Rules and regulations provide the basis for a reasonably ordered campus life. The mere observance of rules, without the personal appropriation of the values they protect falls short of what the Johns Hopkins University “JHU” hopes for the campus community.

I, ___________________________________________, allow my daughter/son/ward, ___________________________ (“child”), to attend the Johns Hopkins University Engineering Innovation Summer Program (June 26 - July 21, 2017) at Hood College.

My child may participate in organized field trips to labs, monuments, museums, restaurants, shows, sporting events, movies, sightseeing, and the like, which may require the use of a bus, a taxicab, a shuttle or other forms of public or private transportation. I am aware of the risks inherent in this type of activity, on and off campus, from persons known and unknown and from transportation, residential, and educational settings, and I assume those risks.

I give permission for my child to be photographed and/or videotaped for the purpose of using the images in publications (catalogs, brochures, reports, etc.), multimedia displays (slideshows, photo collages, Web pages, etc.) for the purpose of promoting the Engineering Innovation program and other promotional projects. I consent to including my child’s email address for the class roster.

My child may receive emergency medical treatment, if necessary in the determination of JHU, while attending the program. I understand that JHU assumes no liability for injury or damages arising from the result of participation unless due to willful fault or gross negligence on the part of the University and I agree to indemnify and defend JHU for damages resulting from my child’s actions.

I hereby approve my child’s participation in the educational program above. To the best of my knowledge, there are no behavioral or other conditions that will interfere with my child’s appropriate participation. If my child needs accommodation for disabilities, I shall make these requests at least TWO weeks prior to his/her arrival to the program so that the preparations can be made. Please see the Disabilities Services Information sheet in this packet.

This is signed to the best of my knowledge and belief.

Name of Parent or Guardian: __________________________________________________________

Relationship to student: ______________________________________________________________

Signature of Parent or Guardian: __________________________________ Date: ________________

(Must be handwritten – a typed name is not acceptable)

Signature of Student: __________________________________________________________ Date: ________________

(Must be handwritten – a typed name is not acceptable)
AGREEMENT TO ABIDE BY PROGRAM FORM

I, ________________________________________ (full student name – please print legibly), agree to obey the following rules and policies while participating in the Engineering Innovation Summer Program. I understand that failure to obey the rules and policies stated below may lead to my dismissal from the Program and removal from the campus.

1) I will report and stay within the designated areas of the Program.
2) I will wear clothing appropriate for the Program including closed toe shoes during the lab activities and long pants on the chemical processes lab day.
3) I will not smoke while participating in the Program.
4) I will not possess or consume alcohol or illegal substances while participating in the Program.
5) I will be punctual, courteous, and neat; I will treat the Program staff, students, visitors, employees of the Program site and other participants with mutual courtesy and respect.
6) I will respect the property of the Johns Hopkins University, the other Program participants and the Program site.
7) I will follow the rules and policies of the Johns Hopkins University including the following:
   • The JHU Anti-Harassment Policy
     http://web.jhu.edu/administration/jhuoie/equity_compliance/antiharassment_policy.html
   • The JHU Policy Against Sexual Misconduct
     http://sexualassault.jhu.edu/policies-laws/
   • The Non-Discrimination Policy
     http://web.jhu.edu/administration/jhuoie/equity_compliance/equity_compliance_docs/JHU%20Discrimination%20Procedures_August%202015%20Revised.pdf
8) I will follow the Johns Hopkins University Undergraduate Code of Conduct. This code may be found at:
   http://e-catalog.jhu.edu/undergrad-students/student-life-policies/#Undergraduate_Student_Conduct_Code
9) I will behave in a respectful, kind, and appropriate manner at all times.

Prescription and Over-the-Counter Medications Use/Abuse
All prescription drugs must be noted on the Engineering Innovation Health Form, and they must be used only as prescribed. Students are responsible to hold/take their own prescription medication. The possession, or use/misuse of any unauthorized prescription drugs or sharing/selling any prescription drugs is prohibited and is grounds for dismissal. Students may have over-the-counter medication in their rooms but they must be used only as directed and intended. Misusing or abusing over-the-counter medications is also prohibited and grounds for dismissal.

Signature of Student: __________________________________________ Date: _________________
(Must be handwritten – a typed name is not acceptable)

Signature of Parent or Guardian: ________________________________ Date: __________________
(Must be handwritten – a typed name is not acceptable)
PROCEDURES FOR DEALING WITH ISSUES OF ACADEMIC MISCONDUCT FORM

I. What this Policy Covers

Students enrolled in the Whiting School of Engineering, Engineering Innovations Summer Program assume a duty to conduct themselves in a manner appropriate to the Johns Hopkins University’s mission as an institution of higher learning. Students are obligated to refrain from acts which violate the academic integrity of the University. Violations of academic ethics include, but are not limited to: cheating, plagiarism, submitting the same or substantially similar work to satisfy the requirements of more than one course without permission, submitting as one’s own the same or substantially similar work of another, knowingly furnishing false information to any agent of the University for inclusion in academic record, falsification, forgery, alteration, destruction or misuse of official University documents or seal.

II. Procedures for Dealing with Cases of Academic Misconduct

If a student is suspected of a possible violation of academic ethics, the instructor in charge of the course shall review the evidence and the facts of the case. If the instructor believes that a violation of academic ethics has occurred, the instructor will report the case to the Engineering Innovation Director. The Director will notify each student, who has committed a violation, in writing to the offense and the penalty. The student may either accept the penalty or appeal in writing within fourteen (14) days. The appeal should outline the offense and reasons that the penalty is not just. The appeal should be addressed to the Vice Dean of Engineering Education who will make a final decision based on the appeal.

III. Potential Penalties

a) Retake of the examination, paper or exercise involved.
b) Score of zero on the examination, paper or exercise involved.
c) Lowering of the course grade
d) Failure of the course.
e) Failure of the course with a notation on the transcript that the grade was for a violation of academic ethics.

Student Name (Printed): __________________________________________________

Student Signature: ___________________________ Date: ________________
(Must be handwritten – a typed name is not acceptable)

Signature of Parent or Guardian: ___________________________ Date: ________________
(Must be handwritten – a typed name is not acceptable)
CONSENT TO MEDICAL AND/OR SURGICAL PROCEDURE

** Must be signed by ALL students or by a parent/legal guardian if student is under 18. **

LAST NAME ___________________________ FIRST NAME ___________________________ DATE OF BIRTH ____________

Most states require that surgical and medical treatment of minors (individuals less than 18 years of age) be at the request of and with the approval of their parents (and spouse of a married minor). The right to request and approve medical treatment of a minor may be delegated to officials of Johns Hopkins University (“University”) or its contractors or agents. It is our policy to notify parents as soon as possible in the event of major illness or injury. We find it impractical to notify for every minor illness or injury requiring treatment. It will help us to protect the health of your son or daughter if you will delegate to us discretion in these matters.

Requests are received from hospitals, other physicians, other universities, and insurance companies for information about conditions treated by the University’s Student Health and Wellness Center, or its contractors or agents. Parents of minors (and spouse of a married minor) must approve the release of such information and may delegate this discretion to physicians of the Student Health and Wellness Center. Please note that your child’s medical information may be disclosed at the request of your child in the belief that it will be used for ordinary medical and insurance purposes.

I/We hereby authorize the professional staff of the Student Health and Wellness Center of The Johns Hopkins University and /or the appropriate Dean and/or Director or official of the program my/our child is participating in while at the University, in the event I/we shall not be readily available in connection with the need for the consent hereinafter referred to, to consent to, and authorize, in my/our behalf, medical treatment and/or the performing of any operative and surgical procedure and under any anesthetic, either local or general, for myself/our son/daughter, ___________________________ while a student at said University, as (Name of student)

may be considered necessary or advisable by the physician performing such treatment or surgery, and/or to release to other physicians who may be treating me/our son/daughter, relevant medical information as to treatment accorded me/him/her through the University’s Student Health and Wellness Center.

Print Full Name of Student: __________________________________________________________

Signature: __________________________________________ Date: ________________________
(Must be handwritten – a typed name is not acceptable)

Print Full Name of Parent/Legal Guardian: __________________________________________

Signature: __________________________________________ Date: ________________________
(Must be handwritten – a typed name is not acceptable)
Physician’s Form – please complete form in English!

Student Last Name                    Student First Name                    Date of Birth

IMMUNIZATIONS: Please attach a copy of the student’s immunization record, in English, that has been signed by your health care provider.

MMR (Measles, Mumps, Rubella) Must have 2 shots after the age of 12 months or a blood titer which shows immunity to measles, mumps and rubella

#1____________________________  #2____________________________

Tetanus Booster Date of most recent booster: ____/____/____ Type: ☐ Td ☐ Tdap

Mo. Day Year

Tuberculosis Testing (PPD, Mantoux, Quantiferon, or T-SPOT) within 6 months of registration is required for any student who has lived outside the United States (including the areas listed below) for more than 4 consecutive weeks. TB testing required regardless of prior BCG vaccine.

Date       type of test and results       mm of induration

*If history of a positive TB test a chest x-ray is required. Attach copy of report.

Have you ever spent four consecutive weeks or longer in any of the following areas with a high incidence of tuberculosis as defined by the World Health Organization?

- Africa - All countries except Egypt
- Asia/South Asia/Southeast Asia/Pacific Islands - All countries except Tonga and Samoa.
- North, Central & South America - Argentina, Belize, Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Vincent & the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela
- Europe - Armenia, Belarus, Bosnia-Herzegovina, Bulgaria, Estonia, Latvia, Lithuania, Moldova, Poland, Portugal, Romania, Russian Federation, Ukraine, Yugoslavia
- Middle East - Afghanistan, Azerbaijan, Bahrain, Bangladesh, Bhutan, Iran, Iraq, Kazakhstan, Kuwait, Kyrgyzstan, Pakistan, Qatar, Tajikistan, Turkey, Turkmenistan, Uzbekistan, Yemen

Physical activities to be restricted (give details, including reasons): ____________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Medical Provider’s Information:

Name: ____________________________________________
Address: ____________________________________________
City: ___________________________ State: ___________________________ Zip Code: ___________________________
Phone: ___________________________ Fax: ___________________________
Medical Provider’s Signature: ___________________________ Date: ___________________________

THE PHYSICIAN’S FORM AND IMMUNIZATION RECORD MUST BE RETURNED BY MAY 19.
STUDENT HEALTH FORM

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE STUDENT AND/OR A PARENT OR GUARDIAN.

Person completing this form:  
☐ Student  ☐ Parent  ☐ Other (please specify) ____________________________________________________________________________________

Student Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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</thead>
</table>

Date of Birth  
Gender

Student Cell Phone  
Home Phone

Home Address

City  
State  
Zip Code

Emergency Contact Information

<table>
<thead>
<tr>
<th>Name *1</th>
<th>Relationship to Student</th>
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<tbody>
<tr>
<td>Day Phone</td>
<td>Evening Phone</td>
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Email Address

<table>
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<tr>
<th>Name *2</th>
<th>Relationship to Student</th>
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<tr>
<td>Day Phone</td>
<td>Evening Phone</td>
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Email Address

List current medications and reasons:

______________________________________________________________________________________________________________________________________________

Allergies  
☐ Yes  ☐ No  If yes, please check all that apply and specify the type of allergy and reaction in the space below.

☐ pollen  ☐ dust mites  ☐ mold  ☐ animal dander  ☐ insect bites/stings  ☐ latex  ☐ food  ☐ medications

______________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________

If you feel that there is other information that should be shared regarding the physical, mental, or behavioral health of the student, please provide it in the space below and/or contact our office at 410-516-6224.

Personal History - Physical Health. Do you now or have you ever had:

<table>
<thead>
<tr>
<th>Anemia</th>
<th>Appendectomy</th>
<th>Arthritis</th>
<th>Asthma</th>
<th>Bleeding Disorder</th>
<th>Blind/Visual Impairment</th>
<th>Cancer/Malignancy</th>
<th>Chickenpox</th>
<th>Collitis/Liitis</th>
<th>Cystic Fibrosis</th>
<th>Death/Hearing Impairment</th>
<th>Diabetes</th>
<th>Gastrointestinal Disorders</th>
<th>Heart Disease</th>
<th>Heart Murmur</th>
<th>Hepatitis (Type_______)</th>
<th>High Blood Pressure</th>
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<tr>
<td>☐ No</td>
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HIV infection/ Disease  
Immunodeficiency Disorders  
Impaired Mobility/Disease  
Kidney Disease  
Malaria  
Migraines/Chronic Headaches  
Phlebitis/Deep Vein Clot  
Pneumothorax  
Rheumatic Fever  
Seizure Disorder  
Severe Allergic Reaction/Anaphylaxis  
Skin Disorders  
Sleep Disorder  
Sickle Cell Disease  
Tb/Tuberculosis  
Ulcer/Stomach Problems  
Other
DIETARY AND OTHER SPECIAL REQUESTS:
Please note that you may be asked to provide documentation of the need for the special request (e.g. food allergies, religious dietary requirements, etc.).

- Dietary (i.e. significant food allergies)
- Medical (students must be able to administer their medications to participate in this program)
- Short-Term Physical mobility (broken leg, etc)
- Housing

Please describe in more detail and list the request you may need:

___________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________

Insurance Information

The Program does not provide accident or health insurance. Participants are required to provide their own coverage. All EI participants, including international students, must have health insurance that is valid in the United States and be able to provide proof of this insurance upon acceptance into the program. Please note that you must be able to provide a copy of your insurance information in English.

Insurance Carrier: ________________________________ Policy Number: ________________________________

Subscriber Name: ________________________________

Please attach a copy of both sides of your insurance card, or you may also submit a copy electronically to EI-enrollmentforms@jhu.edu.

Parent/Guardian Signature       Parent/Guardian Print       Relationship       Date

Student Signature       Student Print       Date
**Students must observe the following regulations:**

1. **Care of Room and Building** – No student may install equipment, make repairs/alterations to their room/hall, paint, put up signs or posters outside the designated bulletin boards. The use of scotch tape or other adhesives, tacks, nails, etc., is prohibited. No objects shall be placed on the exterior ledge of windows. No pets are allowed. Uses of electric frying pans, hot plates, microwave ovens, etc., are also prohibited. Report all repairs to the AMR II Housing Office immediately. The cost of repairing damage to individual rooms and halls will be charged to students at the end of the program.

2. **Keys and Access Cards** – Students are responsible for their access cards and room keys. The replacement fee for keys that are lost and must be replaced during the program or are not returned is $75 per key.

3. **Fire/Crime Prevention** – The University does not assume responsibility for loss of, or damage to, personal property of residents through fire, theft, or other causes. It is the resident’s responsibility to lock his or her door at all times. Smoke detectors have been installed in each room for fire protection. It is unlawful to tamper with this unit or any other fire safety equipment.

4. **Motor Vehicle Regulations** – Residential students may not bring automobiles to the program.

5. **Prohibited Acts** – Hopkins prohibits and has zero tolerance for: fireworks, setting fires, use or storage of dangerous chemicals, possession of weapons of any sort, including paint guns, and possession or use of alcohol, drugs or drug paraphernalia, and smoking by high school students. These acts are prohibited both on and off campus and at all times while students are resident in the program.

6. **Leaving Campus** – It is mandatory for students to sign out and in upon leaving and returning to campus. Violations of this rule can result in disciplinary action. When signing out, it is the student’s obligation to identify precisely where he/she will be off campus. Students are not permitted to use taxis or other for-hire vehicles when leaving campus.

7. **Overnight Visits** – If a student wishes to leave for an overnight absence, a completed Off Campus Overnight Visiting and Transportation Form is required, and the student must be cleared by the Residential Coordinator before leaving. Students must be personally signed out from the Summer Discovery office on campus and be returned and signed back in to the Summer Discovery office on campus by the same person. Photo ID is required for all visitors who sign out a student. Students who are signed out must return by the approved time. Failure of the student and/or visitor to follow the above guidelines can result in the loss of visitation privileges.

8. **Curfew** – High school students must be and remain in their assigned room by midnight every night.

9. **Overnight Guests** – Overnight visits by a friend or a family member are not permitted.

---

I will abide by all program rules and regulations. I understand that if I violate a rule or regulation, I will be subject to disciplinary action, up to and including immediate dismissal. I further understand that in the event I am dismissed, I will be required to leave campus immediately (within 24 hours), regardless of progress in the program, time in the program or completion date, and with no refund of tuition or fees. After being notified of dismissal, I will not be permitted to attend classes or take examinations, and I will be withdrawn from the program without receiving a grade or credit.

**Signature of Student**  
**Print Name**  
**Date**  
(Must be handwritten – a typed name is not acceptable)

I have discussed these rules and regulations with my child. I understand that my child may be dismissed from the program for repeated violations, or be immediately dismissed for zero-tolerance violations. I further understand and acknowledge the repercussions of dismissal.

**Signature of Parent/Guardian**  
**Print Name**  
**Date**  
(Must be handwritten – a typed name is not acceptable)
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<th>Student’s First Name</th>
<th>Middle</th>
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<th>Student’s E-Mail</th>
<th>Student’s Cell Phone</th>
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<th>Parent 1/Guardian’s Name</th>
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<th>Parent 1/Guardian’s Daytime Telephone</th>
<th>E-Mail Address</th>
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Please provide two emergency contacts if we are unable to reach the parents/guardian.

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*JHU housing practice is to assign students to rooms based on sex. Should this not meet your needs, please contact the EI Office at 410-516-6224.*
JOHNS HOPKINS UNIVERSITY SUMMER PROGRAMS
OFF CAMPUS OVERNIGHT VISITING PERMISSION FORM

Date ____________________  Student Name: ________________________________________________________________

I hereby give my son/daughter permission for an overnight stay with and to be transported by the people below during my son/daughter’s participation in Engineering Innovation at Johns Hopkins University.

I understand that the people listed below, and who will be responsible for the program participant when away from the representatives of Musiker Discovery Programs, Inc. (D/B/A Summer Discovery), must be a family member or a close family friend, in order to sign out my child for an overnight stay. Student may not miss any academic classes, sport classes or mandatory evening group meetings for on or off campus and overnight visitation at any time, including when parents visit. Students must be personally signed out from the Summer Discovery office on campus and be returned and signed back in to the Summer Discovery office on campus by the same person. Photo ID is required for all visitors who sign out a student. Students who are signed out must return by the approved time. Failure of the student and/or visitor to follow the above guidelines can result in the loss of visitation privileges.

1) Name of visitor: __________________________________________ Cell Phone: _______________________________
   Relationship to student: __________________________________________________________________________
   Address: ______________________________________________________________________________________

2) Name of visitor: __________________________________________ Cell Phone: _______________________________
   Relationship to student: __________________________________________________________________________
   Address: ______________________________________________________________________________________

3) Name of visitor: __________________________________________ Cell Phone: _______________________________
   Relationship to student: __________________________________________________________________________
   Address: ______________________________________________________________________________________

4) Name of visitor: __________________________________________ Cell Phone: _______________________________
   Relationship to student: __________________________________________________________________________
   Address: ______________________________________________________________________________________

At any time when a program participant is away from the program visiting with relatives or friends, Johns Hopkins University and Summer Discovery are hereby released from any responsibility for the program participant. I understand that if my son/daughter visits the persons listed above and chooses to miss activities and/or meals, that these expenses are not reimbursable.

I further acknowledge that my son/daughter will continue to follow and abide by the rules and regulations of Summer Discovery at all times for the duration of the program, on and off campus. I understand that if my son/daughter violates these rules and/or enters a vehicle without signing out, they may be sent home from the program without refund. No exceptions will be made without prior approval from the Engineering Innovation Director.

Parent Name: ____________________________________ Parent Signature: _______________________________
Home Phone: ______________________________________  Cell Phone: ________________________________

Only return this form if your son/daughter plans to have an overnight stay.
Before June 25, 2017, scan/email to ei-enrollmentforms@jhu.edu.
After June 25, 2017, please call the EI office for directions.
STUDENT TRAVEL PLANS FORM

Student Name (please print legibly): _______________________________________________

Student Cell Phone Number: _________________________________________________
(This is required so that we are able to contact the student should their flight be delayed or our transportation arrangements be altered.)

☐ Student does not require transportation to or from Engineering Innovation at Hood College.

**Transportation is provided from and to Baltimore-Washington International Thurgood Marshall Airport ONLY.**

<table>
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<tr>
<th>Flight Information</th>
<th>Transportation Required on Sunday, June 25th</th>
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<tr>
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<td>Airline____________________________________</td>
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<td>Confirmation #______________________________</td>
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<td>Arrival Time_______________________________</td>
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<th>Flight Information</th>
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<td>Confirmation #______________________________</td>
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<td>Departure Time______________________________</td>
</tr>
</tbody>
</table>

Parent Name: _______________________________ Parent Signature: ____________________________

Home Phone: _______________________________ Cell Phone: _________________________________
FINANCIAL ASSISTANCE EXPECTATION FORM

To be completed by students who have received scholarships.

I, ______________________________ accept the offer of financial assistance to attend the Johns Hopkins University Summer program, Engineering Innovation.

(Please Print Your Name Legibly)

In accepting this award, the student and his/her parent/guardian accept the following conditions:

1) The student will miss no more than two classes
2) The student will complete and turn in all homework assignments and lab reports
3) The student will complete and turn in all three weekly quizzes
4) The student will complete and turn in the final exam

Failure to meet the conditions outlined above may result in a revocation of the scholarship award and the parent/guardian will be responsible for payment of full tuition to attend the program. If the financial assistance is not repaid, JHU may send the account to a collection agency and the student and his/her family may be ineligible for future JHU opportunities.

By accepting this award, the student and his/her parent/guardian hereby acknowledge and agree to the conditions outlined above.

Student Signature ___________________________________________ Date ____________
(Must be handwritten – a typed name is not acceptable)

Signature of Parent or Guardian ________________________________ Date ____________
(Must be handwritten – a typed name is not acceptable)
DISABILITY SERVICES INFORMATION

To receive accommodations for a disability, you must register with the JHU Office for Student Disability Services no later than two weeks prior to the first day of class. Part of the registration process is the submission of documentation of the disability. For information on the University’s Documentation Guidelines, please follow this link (http://web.jhu.edu/administration/jhuoe/disability/documentation_guidelines/index.html). You are encouraged to share this link with your child’s evaluator (e.g. physician, psychologist, etc.) to help guide his or her writing, if necessary. Please know that IEPs and 504 Plans, although helpful, do not constitute comprehensive documentation. However, when combined with other documentation from a qualified evaluator, they can provide adequate support for accommodations during your child’s Engineering Innovation experience.

Registration Procedure

If your child requires disability-related accommodations during his or her experience at Engineering Innovation, please follow these steps to ensure his or her accommodations are in place before the program begins.

1. Create a JHED ID (instructions will be sent by the Registrar’s Office when your child is enrolled in the class)***

2. Once you have a JHED ID and password, go to the Disability Services Website, web.jhu.edu/disabilities/index.html, and click the REGISTER button to begin the process.

For a detailed walk-through of the registration process, click the GUIDE button on the Student Disability Services website or view it at web.jhu.edu/disabilities/User%20Guides/student-signup-guide.pdf.

***NOTE: It may take up to two (2) weeks for Engineering Innovation to process your enrollment paperwork and for the Office of the Registrar to provide you with your JHED ID.

Office for Student Disability Services
The Johns Hopkins University; 385 Garland Hall; 3400 N. Charles Street; Baltimore, MD 21218
Phone: 410-516-4720; FAX: 443-529-1543; web.jhu.edu/disabilities
Please direct questions to Dr. Brent Mosser, Director of Academic Support and Disability Services