REQUARED FORMS

☐ Health History *(include a copy of your medical insurance card)*

☐ General Release and Acknowledgement of Consent

☐ Responsible Payer Agreement

☐ Housing Preference Form

☐ Receipt of Handbook signed form

☐ Over-the-counter Medication Form

☐ Course Preference Form

☐ Placement Test for Reading and Writing

☐ Personal Student Evacuation Form

OPTIONAL FORMS

☐ Permission to Leave Campus Form

☐ Student Personal Property Plan

☐ Campus Debit Account Application

RETURN ALL FORMS TO ADMISSIONS IN THE ENCLOSED ENVELOPE
SUMMER 2010 HIGH SCHOOL PROGRAM

COMPREHENSIVE FEES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$4,000</td>
</tr>
<tr>
<td>Room</td>
<td>400</td>
</tr>
<tr>
<td>Board</td>
<td>400</td>
</tr>
<tr>
<td>Damage Deposit</td>
<td>75</td>
</tr>
</tbody>
</table>

TOTAL $4,875

PAYMENTS ARE DUE ON THE FOLLOWING DATES:

<table>
<thead>
<tr>
<th>DUE DATES</th>
<th>DESCRIPTION</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2, 2010</td>
<td>HIGH SCHOOL PGM enrollment deposit</td>
<td>$575</td>
</tr>
<tr>
<td>June 21, 2010</td>
<td>HIGH SCHOOL PGM semester payment</td>
<td>$4,300</td>
</tr>
</tbody>
</table>

• All checks should be made payable to Landmark College.
• Summer fees are **non-refundable**.
• A student may register only after signing the Responsible Payer Agreement Form and after paying all required fees to the college.
• Any assessed damages, unpaid fines, or other charges will be charged to the Student. Campus damages that cannot be assessed to any individual student will be charged to all student accounts.
• You can also pay your bill via **Quikpay**, our online payment system. Just visit the College’s website at www.landmark.edu and click the link for “Pay Online” at the bottom of the page. You will need your student ID number found in your admissions letter. **Quikpay** does accept credit cards and e-checks. If you have any questions, please call Accounts Receivable at (802) 387-6845.
WHAT TO PACK
For The
High School
Program

WHAT TO PACK
☐ Book bag or backpack
☐ Desk supplies – pens, pencils, highlighters, etc.
☐ Alarm Clock (very important for some!)
☐ Bedding – We provide the extra-long (80”) twin mattress and frame, you bring the rest!
  (Linen, pillow, blanket. Each room is double occupancy and equipped with closets, dressers, desks, extra-long (80”) twin beds.)
☐ Towels
☐ Toiletries* (plastic soapbox, bar of soap, shampoo, shower shoes, bath robe, etc.)
☐ Fan (it can get hot in your room)
☐ Desk Lamp (lighting is limited in rooms)
☐ Personal music system with headphones (portable am/fm/cd)
☐ Reading material, sketch book, musical instrument, games (De-stressors)
☐ Watch*
☐ Casual clothing for outdoor events (dress-code is casual for entire program)
☐ Walking shoes
☐ Hat*
☐ Bathing suit
☐ Personal water bottle*
☐ Sunglasses
☐ Sunscreen
☐ Telephone
☐ Bug Repellent
☐ Journal to keep record of your program
☐ Photographs of family, friends, and home to show people you meet
☐ Quarters for laundry
☐ Camera and film
☐ Prepaid calling card*
☐ Laundry supplies*
☐ Spending money
  ATM available on campus, credit cards/checks accepted at the bookstore

*Item available at the College Bookstore

(OVER PLEASE)
OPTIONAL THINGS TO PACK

- Computer – All students are encouraged to bring a computer with an ethernet adaptor and cord. (If you rely on your computer for assistive technology, you should bring it. Limited PC based computers will be available for your use on campus).
- Flashlight
- Small television (with headphones)
- USB Flash drive

THINGS NOT TO PACK

- Notebooks and paper (this will be provided)
- Large Component stereo (only portables are allowed)
- Non-prescribed drugs/alcohol/illegal drugs
- Cigarettes and other tobacco products
- Fireworks
- Guns
- Knives
- Water pistols
- Paint ball equipment
- Matches
- Candles
- Appliances (toaster, refrigerator, hot plate, microwave, etc.)
- Skateboards and scooters
1. Bring the exact amount of medication for the three week program. Count pills and label outside of bottle with the number of pills enclosed.

2. Keep medications in their original packaging/bottle that identifies prescribing physician, name of medication, dosage and frequency of administration. (If a dosage has been changed and is not reflected on the label, have pharmacy print an updated label)

3. When you arrive on Sunday, keep out your medications for that entire day as you will be responsible for taking your medications on your own.

4. Starting Monday morning, all medications will be dispensed by the nurses. The schedule for dispensing medications daily will be 8 am, 12 noon, 5:30 pm and 11 pm, Monday through Sunday.

5. Health Services must be notified if you do not take your medication on weekends or if you take them on an “as needed” basis.

6. If you have any questions or concerns in regard to medication management, please call Health Services at Landmark College at 802-387-6753.
**Important Numbers**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Office/Switch Board</td>
<td>802-387-6700</td>
</tr>
<tr>
<td>Library</td>
<td>802-387-1648</td>
</tr>
<tr>
<td>Student Life</td>
<td>802-387-6714</td>
</tr>
<tr>
<td>IT Help Desk</td>
<td>802-387-6800</td>
</tr>
<tr>
<td>College Bookstore</td>
<td>802-387-6862</td>
</tr>
<tr>
<td>Security</td>
<td>802-387-6899</td>
</tr>
</tbody>
</table>

**Liza Burns, Program Director** 802-387-6752

**Rebecca Hill, Program Coordinator** 802-387-1621

**Michael Luciani, Dean of Students** 802-387-6714

**John Nissen, Dean of Transfer and Short Term Programs** 802-387-7145

*(Please note: from any campus phone, you may dial an extension by dialing the last four digits of the phone number.)*
2010 SUMMER HIGH SCHOOL PROGRAM

IMPORTANT
• This form must be completed for attendance.
• Photocopy of front and back of health insurance card must be attached to this form.
• This form must be returned two weeks prior to registration — by JUNE 11, 2010

NAME: \______ LAST    FIRST    MIDDLE    BIRTH DATE:    AGE:

HOME ADDRESS:    NO./STREET/APT.    CITY    STATE    ZIP

SOCIAL SECURITY # OF PARTICIPANT:    GENDER: MALE OR FEMALE

CUSTODIAL PARENT/GUARDIAN OR EMERGENCY CONTACT:    PHONE:

HOME ADDRESS: (IF DIFFERENT FROM ABOVE)    NO./STREET/APT.    CITY    STATE    ZIP

BUSINESS ADDRESS:    NO./STREET/APT.    CITY    STATE    ZIP    BUSINESS PHONE:

SECOND CUSTODIAL PARENT/GUARDIAN OR EMERGENCY CONTACT:    PHONE:

HOME ADDRESS:    NO./STREET/APT.    CITY    STATE    ZIP

BUSINESS ADDRESS:    NO./STREET/APT.    CITY    STATE    ZIP    BUSINESS PHONE:

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:    NAME

RELATIONSHIP    PHONE

HOME ADDRESS:    NO./STREET/APT.    CITY    STATE    ZIP

REQUIRED INSURANCE INFORMATION

HEALTH INSURANCE PROVIDER:

SUBSCRIBER’S NAME:    CERT #:    GROUP #:

PARENT/GUARDIAN AUTHORIZATIONS: This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to the college to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routing tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the college to arrange necessary related transportation for my son or daughter. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the college to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips off campus.

SIGNATURE OF PARENT/GUARDIAN    PRINTED NAME    DATE

I also understand and agree to abide by any restrictions placed on my participation in program activities.

SIGNATURE OF STUDENT    DATE

* If for religious reason you cannot sign this, contact the college for a legal waiver which must be signed for attendance.
**HEALTH HISTORY**

The following information must be completed by the parent/guardian. The intent of this information is to provide health care personnel with medical information in order to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to Landmark’s health personnel upon participant’s arrival. Provide complete information so that the college can be aware of your needs.

**MEDICATION ALLERGIES:** *(List all known)*  
DESCRIBE REACTION AND MANAGEMENT OF THE REACTION

**FOOD ALLERGIES:** *(List all known)*  
DESCRIBE REACTION AND MANAGEMENT OF THE REACTION

**OTHER ALLERGIES:** *(Include insect stings, hay fever, asthma, animal dander, etc.)*  
DESCRIBE REACTION AND MANAGEMENT OF THE REACTION

**MEDICATION BEING TAKEN**

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

<table>
<thead>
<tr>
<th>Medication #1</th>
<th>Dosage</th>
<th>Specific Times Taken Each Day</th>
<th>Reason for Taking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication #2</td>
<td>Dosage</td>
<td>Specific Times Taken Each Day</td>
<td>Reason for Taking</td>
</tr>
<tr>
<td>Medication #3</td>
<td>Dosage</td>
<td>Specific Times Taken Each Day</td>
<td>Reason for Taking</td>
</tr>
<tr>
<td>Medication #4</td>
<td>Dosage</td>
<td>Specific Times Taken Each Day</td>
<td>Reason for Taking</td>
</tr>
<tr>
<td>Medication #5</td>
<td>Dosage</td>
<td>Specific Times Taken Each Day</td>
<td>Reason for Taking</td>
</tr>
</tbody>
</table>

*(Please attach additional pages for more medications)*

Does this person take medications on weekends or on as “as needed” basis?

Weekends:  
☐ Yes  ☐ No

As Needed:  
☐ Yes  Explain ______________________________________________________
## General Questions (Explain “yes” answers below.)

<table>
<thead>
<tr>
<th>Has/Does participant:</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had any recent injury, illness or infections disease?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Have a chronic or recurring illness/condition?</td>
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<tr>
<td>3. Ever been hospitalized?</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>4. Ever had surgery?</td>
<td></td>
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<tr>
<td>5. Have frequent headaches?</td>
<td></td>
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<tr>
<td>6. Ever had a head injury?</td>
<td></td>
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<tr>
<td>7. Ever been knocked unconscious?</td>
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<td></td>
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<tr>
<td>8. Wear glasses, contacts or protective eye wear?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9. Ever had frequent ear infections?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10. Ever passed out during or after exercise?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>11. Ever been dizzy during or after exercise?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12. Ever had seizures?</td>
<td></td>
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<td></td>
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<tr>
<td>13. Ever had chest pain during or after exercise?</td>
<td></td>
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<tr>
<td>14. Ever had high blood pressure?</td>
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<tr>
<td>15. Ever been diagnosed with a heart murmur?</td>
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<tr>
<td>16. Ever had back problems?</td>
<td></td>
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<tr>
<td>17. Ever had problems with joints (e.g., knees, ankles)?</td>
<td></td>
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<tr>
<td>18. Have an orthodontic appliance being brought to campus?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>19. Have any skin problems (e.g., itching, rash, acne)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Have diabetes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Have asthma?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Had mononucleosis in the past 12 months?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Had problems with diarrhea/constipation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Have problems with sleepwalking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. If female, have an abnormal menstrual history?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Have a history of bed-wetting?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Ever had an eating disorder?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Ever had emotional difficulties for which professional help was sought?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please explain “yes” answers here, noting the number of the questions:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Date of last Tetanus _____________

Please provide any additional information about the participant’s physical, behavioral or mental health:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL

I examined this individual on __________. (Health Exam is required within 24 months prior to attending program. A new exam is not necessarily required unless medical status has changed.

<table>
<thead>
<tr>
<th>BP</th>
<th>WEIGHT</th>
<th>HEIGHT</th>
</tr>
</thead>
</table>

In my opinion, the above applicant ☐ is ☐ is not able to participate in campus activities.

The applicant is under the care of a physician for the following conditions

RECOMMENDATIONS AND RESTRICTIONS

TREATMENT TO BE CONTINUED DURING THE 3 WEEK PROGRAM

MEDICATIONS TO BE ADMINISTERED (NAME, DOSAGE AND FREQUENCY)

ANY MEDICALLY-PRESCRIBED MEAL PLAN OR DIETARY RESTRICTIONS

KNOWN ALLERGIES

DESCRIPTION OF ANY LIMITATION OR RESTRICTION ON ACTIVITIES

ADDITIONAL INFORMATION FOR HEALTH CARE STAFF

SIGNATURE OF LICENSED MEDICAL PERSONNEL ____________________________

PRINTED NAME: ____________________________ TITLE: ____________________________

ADDRESS: ____________________________ CITY: ____________________________ STATE: ____________________________ ZIP: ____________________________

PHONE: ____________________________ DATE: ____________________________
This is a legal document about liability. Students volunteer to enroll in the College. Being in College involves some risks.

Students will not hold the College responsible in any way for any injuries or damages outlined in the next five (5) paragraphs.

Students will not hold the College responsible in any way for any injuries during College sports (even if it results in death) or traveling to a College event.

Students will not hold the College responsible in any way for any damage or injury to personal property.

Students will not hold the College responsible in any way for any injuries or damage related to the use of any car or other means of travel.

The College has the right to dismiss students for violating policies of the College.

Students cannot hold the College responsible for any harm caused by the medical staff, who are independent contractors and not College employees.

Students must tell the College of any disability that needs accommodation.

According to Federal law, the College can print and release basic information about students.

In consideration of the acceptance of, and recognizing that his or her enrollment at Landmark College (“the College”) is voluntary, and that there are certain risks which the Student assumes by enrolling at the College and participating in its educational, residential, athletic, and activity programs, the Student hereby enters into the following General Release and Acknowledgement of consent (“Release and Consent”).

1) The Student waives, releases, and forever discharges all claims, demands, actions or causes of action, which he or she may now or in the future have against the College, a non-profit educational organization, incorporated in the State of Vermont, its officers, directors, faculty, staff, employees, agents, and its successors and assigns, for any damages, loss, cost or expense including attorneys’ fees, arising out of or in any way connected with any of the following, and further agrees to defend, indemnify and hold harmless, from any and all liability, including, but not limited to attorneys’ fees, arising out of or related to the following.

a) Any injury or illness suffered by the Student due to her or his participation in any organized or sanctioned activity and or athletic program(s) sponsored by the College, regardless of whether or not it results in the death of the Student, due either to the nature of the activity or the dangers in travel to or from a specific event, whether or not it is the result of the active or passive negligence of the College. Activity and activity programs or events include, but are not limited to: aerobics, badminton, baseball, basketball, boxing, canoeing, carnival games, caving, dancing, drama club, floor hockey, hiking, horse back riding, ice hockey, martial arts, music, softball, rock climbing, ropes course, running, skiing, soccer, volleyball, weight training, yoga.

b) The Student accepts responsibility for wearing appropriate safety equipment during any activity or athletic event.

c) Any loss of or damage or injury to property, whether personal, real or mixed, owned by the Student or by another, caused in whole or in part by the Student whether alone or in association with others.

d) Any and all claims of whatever nature for injury, death, loss, damage, accident, delay, cost or expense sustained by Student arising out of or related to the use of any vehicle or other mode of transportation.

e) Any financial or other obligations or liabilities incurred by or on account of the Student.

2) The Student recognizes and acknowledges that the College has absolute discretion in matters relating to the administration of the College and its programs, and the dismissal of the Student from the College. If the Student violates any of the provisions of the College’s policies or any of the terms and conditions of the Student’s enrollment, or if for any other reason is the sole and absolute discretion the College determines that Student must be dismissed, the Student may be dismissed and sent home at the expense of the Student.

3) The Student recognizes and acknowledges that the medical staff at the College are independent contractors, and not employees of the College, and that the College is not in any way responsible for, and shall not be liable for, any aspect of medical treatment provided to the Student, including, but not limited to the consequences of any examination, advice, diagnosis, medication, treatment, prognosis or other professional services which such medical staff may furnish the Student. The student agrees to hold the College harmless from any claim related to action of the medical staff.

The Student represents and warrants that he or she has disclosed (and will disclose) to the College any existing disability or illness of the Student which may require medical treatment or accommodation.

4) The Family Educational Rights and Privacy Act of 1974 allows the College to release directory information about a Student without obtaining the Student’s prior consent. Directory
The College will print and distribute internal directories.

Students agree to attend class and complete work.

The ability to transfer credits is up to the accepting institution.

If one part of this waiver is removed or invalid, the rest of the waiver remains in effect.

This waiver will remain in effect as long as you are enrolled at the College.

If you are under 18, your parents have to read and sign this as well.

The College hereby authorizes the College, its agents, employees, officers and assigns, to take, process, publish, or otherwise use photographs, motion pictures, video images, or other forms of visual reproduction, and voice prints of the Student either alone or with others, in any way deemed appropriate by the College in the sole and absolute discretion of the College without the pre-approval of the student, for recruitment or promotional purposes. Any student who objects to the release of this kind of information, either during or after his or her period of attendance at the College, should make a written request to the Registrar within one week of registration, asking that directory information and/or visual or vocal reproduction not be released without prior consent. In the absence of a written request, this authorization shall be considered in effect.

5) The student acknowledges that the College will maintain and publish internal directories that could contain, but not be limited to, a Student’s name, campus telephone number, mailbox number, room number, and photograph.

6) The Student agrees to maintain an active and meaningful academic participation in all courses in which the Student is registered and to attend classes as required by the instructor.

7) The accepting college or university has the authority to accept or decline in transfer credits earned at Landmark College.

8) If any of the provisions of this Release and Consent shall be held invalid or inoperative, they shall be deemed to be severed from this agreement, and given no force or effect, and the remaining provisions shall be given full force and effect.

9) The Student agrees that this General Release and Acknowledgment of Consent shall remain in force and be valid as it pertains to any period of time during which the Student is enrolled at the College.

If there are any items on this release that are not fully understood, please call the College at (802) 387-6700 before signing below.

Important Note: The notes in the left column have been provided in an attempt to summarize, but not substitute the statements and conditions in the right column. By signing below, you agree to the actual conditions stated in the right column.

By signing this document, the Student represents that he or she has read this General Release and Acknowledgment of Consent, understands its provisions and agrees to be bound by it, and that he or she has signed it on:

INSERT DATE ON THIS LINE

SIGNATURE OF THE STUDENT

PRINTED NAME OF THE STUDENT

I have read the foregoing General Release and Acknowledgment of Consent, and understand its provisions. In consideration of the Student’s enrollment in the College, I acknowledge and agree that the Student and I are jointly and severally bound by the General Release and Acknowledgment of Consent.

SIGNATURE OF PARENT/GUARDIAN IF THE STUDENT IS UNDER THE AGE OF 18 YEARS

PRINTED NAME OF THE PARENT/GUARDIAN
STUDENT INFORMATION

Student Name: ____________________________________________

PLEASE PRINT NAME

Student Social Security Number: _______-______-_______

Please complete the following information about the person who is responsible for paying the student’s fees.

Only one responsible payer may be designated, even when payments may be made by more than one person.

Responsible Payer Name: __________________________________________________________

Social Security Number: _______-______-_______

Address: ___________________________________________________________________________

City: ____________________________ State: ____________ Zip: ___________

Home Phone: (______)________-___________ Work Phone: (______)________-__________

Relationship To The Student: _________________________________________________________

SIGNATURES:

Person responsible for payment ________________________________________ Date ___________

Student (if not the person responsible for payment) ______________________ Date ___________

It is the policy of Landmark College to send the student’s academic records to any person or entity making payment toward the student’s comprehensive fee.

Any payer may request in writing to the Registrar, that the student’s academic records and reports should not be sent to them.

ATTACH CHECK HERE and send to:

Accounts Receivable
Landmark College
P.O. Box 820
River Road South
Putney VT 05346

PLEASE PRINT NAME
Name: _______________________________ Age: ________

Please help us place you in a housing assignment by providing the following information.

1. If I do not have a class, I anticipate that I will wake up in the morning:
   - [ ] Before 7:00 a.m.
   - [ ] Between 7–9 a.m.
   - [ ] After 9:00 a.m.

2. I anticipate studying in my room during the:
   - [ ] Daytime/Afternoon
   - [ ] Evening (6–10 p.m.)
   - [ ] Late night (after 10 p.m.)

3. On weeknights, I typically go to bed at:
   - [ ] Before 11 p.m.
   - [ ] 11 p.m.-12 a.m.
   - [ ] 12-1 a.m.
   - [ ] after 1 a.m.

4. I prefer to study:
   - [ ] in a quiet environment
   - [ ] with music or other ambient noise

5. Regarding my room:
   - [ ] I enjoy having others in my room.
   - [ ] I would prefer not to socialize in my room.

6. My room is neat and organized:
   - [ ] Always
   - [ ] Usually
   - [ ] Rarely

7. I regularly participate in religious activities.
   - [ ] Yes
   - [ ] No

8. In my free time I enjoy the following activities:
   ________________________________________________________________
   ________________________________________________________________

9. I enjoy listening to this type(s) of music:
   ________________________________________________________________
   ________________________________________________________________

10. Is there anything else you would like to tell us about yourself or what type of roommate you would like?
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
I acknowledge that I have received and read the 2010 Student Handbook for the High School Program at Landmark College. I understand and accept the rules and regulations of the program.

PRINTED NAME OF STUDENT

SIGNATURE OF STUDENT DATE

SIGNATURE OF PARENT/GUARDIAN DATE

Please sign and return this form by June 14, 2010.

You may keep the Handbook at home for your reference; extra ones will be available upon your arrival on campus.
Our policy is not to use medications unless necessary. There are, however, situations that require the use of non-prescription medications. The following medications will be available if the need arises. Please, review the list and check the medications that you would like available to your son or daughter and sign the permission form below.

________ Acetaminophen/Tylenol (headache, fever, pain relief)
________ Ibuprofen/Motrin/Advil (pain relief, menstrual cramps, fever)
________ Bismuth/Pepto Bismal (indigestion, nausea, heartburn, diarrhea)
________ Medi-Phenyl/Phenylephrine (non-sudafed nasal decongestant)
________ 1% Hydorcortisone Cream/Cortaid (itching, rash, skin irritations)
________ Triple Antibiotic Ointment (first aid antibacterial)
________ Benadryl/Diphen (allergic reaction)

Landmark College has permission to administer the medications indicated above to _______________________________ if necessary.

PARENT/GUARDIAN SIGNATURE:     DATE:

I do not want my son/daughter _______________________________ to be given any over-the-counter medications during their three week stay.

PARENT/GUARDIAN SIGNATURE:     DATE:
Please select two electives from the list below. We encourage you to add an alternate choice, in case one of your choices is not available.

Note: Each student is required to take “Learning to Maximize Learning”

Student’s Complete Name (please print)

Required Course: __________  Learning to Maximize Learning
Course Letter  Course Name

First Elective: __________  Course Name
Course Letter  Course Name

Second Elective: __________  Course Name
Course Letter  Course Name

Alternate Elective: __________  Course Name
Course Letter  Course Name

COURSE OFFERINGS:

A) Learning to Maximize Learning: All students are required to enroll in the Learning to Maximize Learning course.

This class orients students to vital elements of learning such as: organization of time and materials, note-taking, active reading, goal-setting, self-advocacy, and meta-cognition through an interactive curriculum. Students will explore their learning styles and diagnosis as they study aspects of brain research and its impact on learning. Students will conclude the course by creating a letter to future teachers describing their learning strengths and needs.
B) **Writing Electives:**

Students are strongly encouraged to elect one writing class during the program. These all cover the basics of good writing: coherent thinking, expressive presentation, individual style, and use of appropriate language. Landmark offers three choices so students can pursue their personal needs and interests:

B1) **Research and Writing**

Using information from outside sources is the cornerstone of academic writing. This course, designed to introduce students to the requirements of college-level research and writing, places an emphasis on actively engaging with information and on the processes of research and writing. Students will practice writing with clarity and honesty and citing outside sources appropriately.

B2) **Structures, Process and Productivity**

For many people, producing writing on a deadline is a challenge. This course is designed for students who find it difficult to generate effective writing in an academic setting in spite of their honest efforts to do so. By focusing on structure, process, and self-understanding students can develop strategies and approaches to increase their success. High interest topics and assignments are designed to engage students and encourage them to find meaningful connections to their writing.

B3) **Writing the Persuasive Essay**

Writing that is clear, honest, concise, and persuasive is a general requirement for academic success at the college level, and it is what colleges look for in application essays. Students will be introduced to the goals and structures of personal and persuasive writing and will work to develop a personalized and strategic approach to their own writing process. Using prompts typically found on college applications, students will write an essay that can be used as a model for their own college application essay.

Other Electives:

C) **Bill of Rights and You**

The primary objective of this course is to introduce students to the basic principals in the Bill of Rights. Students will be introduced to a brief history of the Bill of Rights. The course will then exam the first ten amendments to the constitution by studying some of the most significant Supreme Court cases in modern times including, Tinker v Des Moines (1969), Miranda v Arizona (1966), Morse v Frederick (2007). The course will allow students the opportunity to debate and discuss issues that impact the world they live in.

D) **Communication, Culture, and Gender**

Through the viewing of high interest films, listening to music and group discussions, students will develop a set of key communication skills useful for the college transition. By actively participating in classroom discussions, collaborating in team situations, and presenting information to others, students will develop their ability to effectively communicate with others in a variety of academic and personal settings.
E) **Community Art**
Students will come together in this hands-on course to create a permanent installation on the Landmark campus. We’ll look at examples of public art from Gaudi’s colorful mosaic creations to the murals of Keith Haring. As a class we’ll design and produce a work that the entire college community will enjoy. Students will practice tile making, glass cutting and painting in the process of completing this collaborative project.

F) **Digital Photography**
Students who choose this elective should bring a digital camera with a minimum resolution of five mega pixels. Preferably, but not essential the camera should also have the ability to control shutter speed and aperture. This introductory course in digital photography is designed for students with limited or no experience in the art of photography. Through instructor demonstration and field experiences, students will learn to master the skills of basic camera operation, digital processing and print development. In addition, by completing structured photography assignments and participating in critique sessions, students will learn techniques that will help them select and compose their subjects, and control their shooting, processing and printing to enhance the aesthetic qualities of their prints. In a final photographic essay project, students will investigate how visual interpretation can guide them to deeper language comprehension and expression.

G) **Poetry Workshop: Reading and Writing Poetry**
The poetry workshop encourages students to express their creative flair, as they read and explore the poems of Walt Whitman, Edna St. Vincent Millay, Robert Frost, Elizabeth Bishop, Langston Hughes, and Mary Oliver and write their own original poetry. Students will explore the many forms, subjects, and themes of poetry, and will write their own poems with attention to personal and artistic expression. At the end of the course, students will revise their written work and produce a Portfolio/Booklet.

H) **Technology for Learning:**
A comprehensive overview of what assistive technology is and how it can be successfully used as an academic support tool for students with dyslexia, reading disorders, LD and/or AD/HD. Students will have an opportunity to work hands-on with text-to-speech, speech-to-text, and concept-mapping computer programs, and to discover how assistive technology can help to facilitate academic skill development for their particular learning style.

I) **Theater and Acting**
This course introduces students to some of the fundamentals of acting and to the basics of theater production. Students will learn practical acting techniques such as diction, projection, blocking and movement. They will also gain experience with character analysis, scene development and ensemble work through the production of a short play. The play will be presented to the campus community at the end of the session.

J) **Vermont Environments and Biology**
Learn about local wildlife, plants, and ecosystems along with other basic concepts of ecology. Take field trips to local areas, such as streams, rivers, wetlands, mountains and meadows to study ecosystems and to practice scientific observation. Students will keep a field notebook, do a simple a field project and will be expected to hike over varying terrain.
Landmark College High School Program
Placement Test-Reading and Writing

We want to place you in classes where you will receive the most useful and appropriate level of instruction. In order to do this, we need a sense of your present skills. It is important that this test represent your independent work. Please do not ask for or receive any assistance unless you need assistance with the directions.

This test has four parts. Do your best to complete them all. If you are unable to complete a part, record that on the test and tell us why. The reason is an important factor that we will consider.

Throughout the test, you will be asked to record your start and stop times, so you will need a clock or watch with you when you begin the test.

Make a copy of your placement test for your records before returning it to us.

John Nissen
Dean of Pre-College Programs

Return by mail to:
Admission Office
Landmark College
River Road South
Putney, VT 05346
803-387-6718

OR

Return by email attachment to:
RebeccaHill@landmark.edu

***Start Time _________   End Time ___________***

Part 2: The words listed below are used in the article that you just read. Using only the article, do your best to define these terms in your own words. Don’t look them up or ask for assistance. If you do not understand what a word means, just leave it blank.

***Start Time _________   End Time ___________***

1. slanderous

2. multitasking

3. frontal lobes

4. excessive
Part 3: Based on the article you read, answer the following questions in complete sentences. You are encouraged to go back to the article and review your notes. It is better to answer in your own words rather than over-using direct quotes.

***Start Time __________ End Time __________***

1. What is this article about?

2. What impact does multitasking have on learning according to Clifford Nass from Stanford University?

3. According to the article, what happens to the brain while using Google?

4. According to the article, what is one positive and one negative effect of multitasking?

5. How is the Shakespeare quote, “We are consumed by that which we are nourished by” relevant to this article?
Part 4: Write a paragraph that summarizes the article, including the author's thesis and main ideas. Feel free to type or handwrite your paragraph.
ON PARENTING
Digital Kids: Dumber and More Distractable? Or Do Kids Learn Better Online?

By NANCY SHUTE
Posted: February 2, 2010

I'm still reeling over the recent news that, on average, American kids spend 7.5 hours a day with electronic media—and that's not even counting texting! If you're wondering how this affects how our kids live and how our families function, check out the wide-angle view in tonight's Frontline documentary, "Digital Nation." Among the show's wake-up calls:

*College students are doing worse at absorbing information from their lectures and reading because they're constantly multitasking with laptops and cellphones, according to David Jones, a Massachusetts Institute of Technology professor who has tested his students' comprehension.

*People who multitask are much worse at thinking, remembering, and staying focused. But kids who multitask (and parents, too) think they're great at it and that it doesn't impair learning or performance, according to Clifford Nass, a Stanford University psychologist who studies the psychology of technology.

*Nobody really knows what constant use of the Internet does to our brains. So far the only brain scans that compared reading to looking for information using Google found that the brain's frontal lobes were more than twice as active while using the search engine. But that's not necessarily good, says Gary Small, the neuroscientist at the University of California–Los Angeles who conducted that study. The frontal lobes are used for reasoning and decision making, but more activity on an MRI doesn't mean it's "better." It could be that people's brains have to work harder because they're less efficient while searching online. "It's a little like playing golf," Small says in the documentary. "You want your score to go down."

*Concerned that children's excessive Internet use is causing psychiatric disorders, South Korean schools now teach "Internet etiquette." This includes warnings about the health risks of excessive online gaming and signs that say: "Slanderous comments on the Internet hurt my friends."

Not all the news on kids and the Internet reported in the Frontline documentary is bad. Reading and math scores soared at a troubled Bronx, N.Y., middle school after instruction was changed so that the students are online, with laptops, in every class. But even there, teachers struggle to keep students focused on To Kill a Mockingbird rather than watching YouTube and instant messaging in class. (The kids are clever at outfoxing software that blocks access to social media sites.)

I'm as devoted a multitasker as any other mom and find it darned hard not to glance at my E-mail while at the playground. But I was struck by the words of Sherry Turkle, an MIT professor who has been studying the relationship between people and technology for 25 years. "The
So, are we learning and communicating better with our zippy new digital tools, or merely distracting ourselves to death? You can watch "Digital Nation" online (of course) for more on that debate. Then tell me what you think.

More On Parenting posts

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In the unlikely event of a pandemic outbreak or other emergency, the College could be required to close for an undetermined period of time. The decision to close the College could be made very quickly, requesting all students to leave within a period of a few days. For that reason, it is important for all students and their families to plan ahead on what you would do and where you would go if the College were to close. Another possible development could be that while Landmark remains open you become ill with the flu and the College suggests you leave campus for a period to recover. Especially for those who live at a distance from the College, having a near-by destination as an alternative to home would be very useful. The strategy of “social distancing” is one of the best practices that will help limit the spread of the infection. All students enrolled at Landmark are required to complete this form every year.

Name of Student:_____________________________________________________________________________

Home Address:_______________________________________________________________________________

If the College decides to close, we recommend that you identify two locations where you can go. When deciding on these locations, consider the following:

1. Is my home or other intended primary location within driving distance to Landmark?
2. Is there a relative of friend that I can stay with temporarily until I can get to my primary location?
3. What will I need to get to my locations and how can I make those arrangements?
4. What will I need to bring with me and how will this affect my transportation needs?
5. How will I communicate with my family during evacuation?

Please provide the address of two locations, preferably in different cities, and one within a reasonable driving distance of Landmark College

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<thead>
<tr>
<th>Address 1</th>
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<td>How will you get there?</td>
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Student’s Signature______________________________________________________________

Please return to the Office of Student Affairs, Landmark College, River Road South, Putney, VT 05346 or fax to (802) 387-6703
Dear Parent/Guardian,

Participants in the High School Summer Program at Landmark College must have permission in advance to leave campus overnight or after the stated curfew hours for any reason other than supervised, program-related activities. This policy is applied for safety reasons; it also assists the residence hall staff in their supervisory role. Please note: Permission to leave campus can only be granted by the primary parent(s)/guardian(s) on record with the College. Students may only leave campus accompanied by a parent, legal guardian or individual authorized by this form. If a student will need to leave campus other than at the end of the program, please complete the following form stating the times, dates and arrangements.

Due to safety concerns, access to residence halls is restricted to High School Program students and staff. All others must check in with Campus Security located in Davis Hall (Upper Campus) before proceeding to the residence hall.

Please return the following information by mail (in the enclosed envelope) or FAX to 802-387-6703. Your permission, along with the following details, will be kept on file. (Note: Do not use the fax # at the bottom of this page.)

<table>
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<tr>
<th>PERMISSION TO LEAVE CAMPUS WITH A FAMILY MEMBER FOR ACTIVITIES NOT RELATED TO THE HIGH SCHOOL PROGRAM AT LANDMARK COLLEGE</th>
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<tr>
<td>I hereby grant permission for my son/daughter to temporarily leave for the dates and times shown below and to be accompanied off campus with the person(s) listed below. I assume responsibility for him/her during this time.</td>
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<th>STUDENT’S FULL NAME</th>
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<td>DEPARTURE DATE</td>
<td>APPROXIMATE DEPARTURE TIME</td>
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<td>RETURN DATE</td>
<td>APPROXIMATE RETURN TIME</td>
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<tr>
<td>PERSON TO ACCOMPANY STUDENT</td>
<td>(Please print)</td>
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<tr>
<td>PARENT/GUARDIAN NAME</td>
<td>(Please print)</td>
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<tr>
<td>PARENT/GUARDIAN PHONE NUMBER</td>
<td>(For Confirmation Purposes)</td>
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<tr>
<td>PARENT/GUARDIAN SIGNATURE</td>
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<td>DATE</td>
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</table>
Students are strongly encouraged to open a Campus Debit Account at Landmark. This account allows students to use their student ID card to make purchases at the College Bookstore and Café, vending machines and dining hall, charging those purchases against their Debit Account. The Debit Account is a real convenience for students, assuring that there are sufficient funds available to make book and supply purchases at the beginning of the session. More money can be added to the account balance at any time by using the Quikpay system. See “Making your way to Landmark College” for more info on Quikpay.

**TO ESTABLISH A CAMPUS DEBIT ACCOUNT:**
Complete this form and return with a check or Visa, MasterCard, or Discover number and expiration date to open your account. You can send it in the enclosed envelope or send it separately to:

Landmark College
Attn: A. Bingham
P.O. Box 820
1 River Rd South
Putney, VT 05346

It’s recommended that students open their account with $100.00 - $200.00 for supplies and personal needs.

Any credit balance remaining in a student’s College Debit Account will be returned at the end of the session. Students are responsible for payment of all charges made to the Debit Account.

**STUDENT INFORMATION:**
Student Name: _____________________________________________________

Home Address: ______________________________________________________

Phone Number: _____________________________________________________

Payment Choice:

☐ CHECK ENCLOSED FOR INITIAL DEBIT ACCOUNT DEPOSIT $ _______

☐ CHARGE MY CREDIT CARD FOR THE AMOUNT OF: $ _______

Type of Card: ☐ Visa ☐ Mastercard ☐ Discover

Card # ___________________________ Exp. Date: __________

Name on Card: ____________________________________________________

**PLEASE NOTE:**
- The Campus Debit Account Card does not work in the ATM machines.
- **The Debit Account cannot be used for Cash Advances.**
- A report of all transactions on your account is available upon request by emailing alyssabingham@landmark.edu.