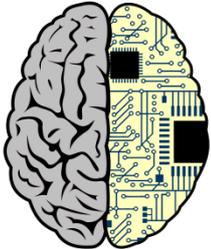


Student's first name: \_\_\_\_\_ Student's Surname: \_\_\_\_\_

# THINK HIGHER 2022-2023

## Application Instructions



The LearningWorks

- 1) New students: Please fill out this application in its entirety.  
Parents: Pages 1, 2, 3, 7  
Students: Pages 4, 5, 6, 7

Returning students (a returning student is a student who previously applied and was accepted into ThinkHigher or HackerCamp): You may skip pages 4-6.

Please note that the contract on page 7 must be signed by the student, and by the contact(s) on page 2.

- 2) Fill out the application by printing it, writing your answers by hand. The completed application must be scanned and saved as a PDF.  
Go to step 4.
- 3) Alternatively, the application is also an interactive PDF, which can be filled out and signed online using Adobe Reader (free download of the latest version here: <https://get.adobe.com/reader/>).  
Once complete, go to step 4.
- 4) Whether using step 2) or 3), please email the completed application to [application@thelearningworks.org](mailto:application@thelearningworks.org)

Either add a separate page with a copy of parent/guardian ID card (Te'udat Zehut) with appendix, or passport, or click above to add a scan of the ID card or passport to this application.

Either add a separate page with a recent photo of the student, or click above to add the photo to this application.

When the entire application has been filled out and signed on-line, save the file, and then click the "Send by email" button to send the completed application back to us.

Student's first name: \_\_\_\_\_ Student's Surname: \_\_\_\_\_

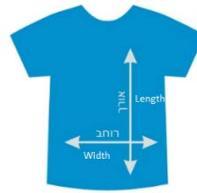
Student's School: \_\_\_\_\_ Student's date of birth: \_\_\_\_\_

DD / MM / YYYY

**Circle** or select student's T-Shirt Size: 10, 12, 14, 16, S, M, L, XL

TLW's shirts are made with different quality and cut of fabric from what is typically found in Israel.

We recommend you use this table (in centimeters) and add one size.



Size	Width in cm	Length in cm		Size	Width in cm	Length in cm
10	36	53		S	49	66
12	38	56		M	53	68
14	40	59		L	55	71
16	42	62		XL	56	74

The LearningWorks requires a single point of contact for all payments and receipts.

Please list the name of the person responsible for payments and receipts as the primary contact.

**Primary Contact**

Name: \_\_\_\_\_ ID number: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number, Street, City, Zip Code: \_\_\_\_\_

**Secondary Contact**

Name: \_\_\_\_\_ ID number: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number, Street, City, Zip Code: \_\_\_\_\_

**Please indicate medications, allergies and/or other medical conditions.**

**A doctor's note may be required.**

**Tuition**

Parents pay tuition via a payment link, which you will receive by email, after a student is accepted.

Students pay tuition also. A student's tuition is one book, or board game, for the TLW library.

The book/game my child will bring is: \_\_\_\_\_

	Tuition NIS	Classes are held weekly on Sunday OR Monday OR Tuesday OR Wednesday. Please indicate your 2 most preferred days here:
ThinkHigher 2022-2023	5,800	

LearningWorks staff will be in touch after receiving your application to schedule an interview.

How did you hear about The LearningWorks?

Student's first name: \_\_\_\_\_ Student's Surname: \_\_\_\_\_

**PARENT SECTION**

**If we accept your child to The LearningWorks, we will have significant social and pedagogical goals for her/him. And we will have goals for other students, which will involve your child.**

**These questions are highly personal; the better map we have of our students, the more we can accomplish with them. But every question is optional, and they are not a condition of acceptance for your child.**

Is your child a 'morning person,' or a night-owl?

Please list one or two things about which your child really loves to ask questions.

Do you think your child is better at insight, or at analysis?

Think about your child in her or his moments of peak creativity. Please share one (or more) with us.

We hope this subject is irrelevant to you, but we know most parents will probably have something to say. We want to know about any experience your child has had with bullying. Have they seen bullying at their school/youth group? Were authorities present? How did they respond (or, *didn't* they)?

Has your child helped a friend who was bullied? Was your child her/himself, a bullying victim? If so, where is she/he now, with regard to her/his own response?

What are one or two things you see as your child's innate strengths in response to encountering bullying – either against themselves, or within their community at large?

One or two great ways to cheer my child up, when they think everything has gone wrong:

One thing you should know about my child's social competence is:

Here are two hopes we have for our child while participating in this program:

Student's first name: \_\_\_\_\_ Student's Surname: \_\_\_\_\_

**STUDENT SECTION**

Parents may help type or write answers, or explain some of the questions, but these questions are for the student.

Have you studied engineering, robotics, computer design, programming or biology before, other than in school? Please describe.

What is the coolest thing you've built with LEGO? And, the coolest thing you've built, in general?

At what age does someone get too old to use LEGO?

List three books you've read.

Write the name of one book you will be reading again – and explain why.

Who are some of your favorite characters in books/movies/stories?

What superpower<sup>1</sup> will you bring to class?

**Circle** or select some words which YOU THINK describe you. Select or put a **box** around some words you wish were more true.

scientific  
creative  
driven  
Klingon  
organized  
empathic

Ravenclaw  
9¾  
stubborn  
awesome  
team-player  
astute

adaptable  
good listener  
popular  
perfectionist  
patient  
forgiving

dreamer  
friendly  
loner  
concise  
clever  
introvert

follower  
quiet  
leader  
friendly  
expressive  
extrovert

Wookie  
Gryffindor  
bookworm  
dependable  
Slytherin

List your siblings, yourself and (all of) your ages.

Do you play a musical instrument and/or play a sport? (If you do please list.)

Is your room tidy or messy? Why?

<sup>1</sup> A superpower here means something you can do really, really well, better than almost anyone else.

Student's first name: \_\_\_\_\_ Student's Surname: \_\_\_\_\_

Why is your favourite teacher at school, your favorite teacher?

Would you rather be a superhero, or a sidekick? Why?

What is your favourite food? What's so great about it?

What is your favourite thing about your best friend?

What would you and your best friend do with three hours together, and no rules?

What is the biggest problem with jellybeans?

List seven things you can do with a spoon.

Do you know the average airspeed velocity of an unladen swallow? <sup>2</sup>

List any four-syllable words you know, without needing to look anything up.

"Live long, and prosper", or "May the Force be with you"?

What is one thing you want to do as a grown up?

And, what is something you really want to do BEFORE you grow up?

Did you know that your section of the application was made for you, by other kids like you?  
Well it was. Did we leave something out? What's one thing you wish we'd asked you about?

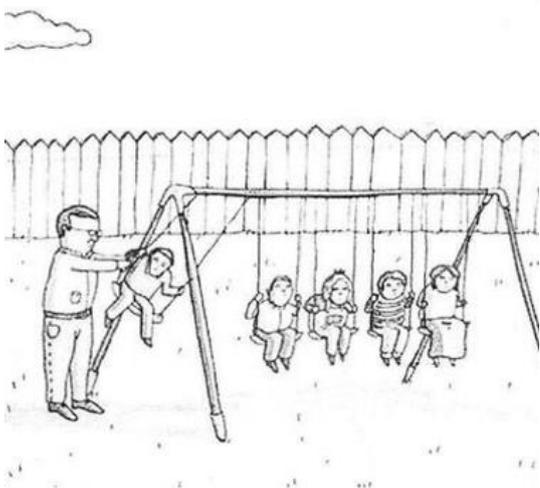
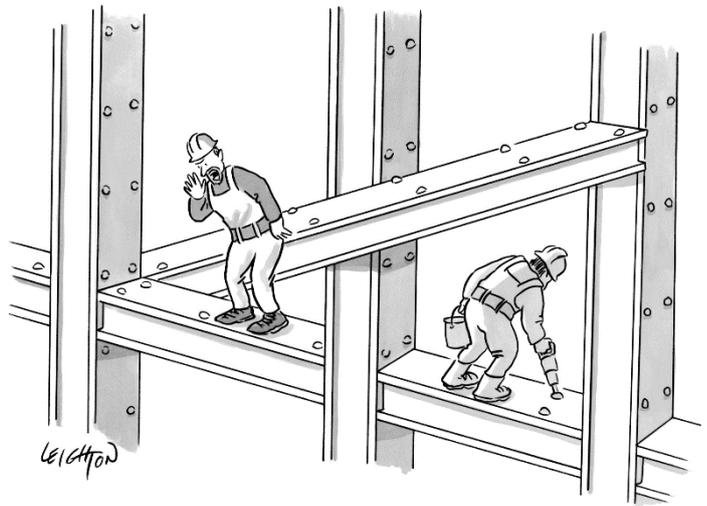
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<sup>2</sup> No parental help! It is perfectly fine for a geek to say 'I am a proud geek. But I have no idea what that means!'

Student's first name: \_\_\_\_\_ Student's Surname: \_\_\_\_\_

Which one of these is your favourite comic?

Write a caption for these. For example, for the top-left cartoon: "Well, the microwave's working now..."



Student's first name: \_\_\_\_\_ Student's Surname: \_\_\_\_\_

**GENERAL STUDENT AND PARENT/GUARDIAN AGREEMENT (please read carefully, discuss, and sign/date below)**

- 1) I certify that I am/my child is healthy, without physical, developmental or emotional problems that could inhibit participation, and that I am/my child is able to participate fully in all LearningWorks activities.
- 2) I understand that The LearningWorks is a rigorous academic program and while enjoyable, I certify that my child is capable of actively participating in set-up, in academic activities lasting 90 minutes, and in cleaning up. The LearningWorks staff are not responsible for any injury my child incurs while not listening to staff, or due to my child's negligence.
- 3) I accept the Refund Policy of The LearningWorks, hereby incorporated by reference.
- 4) The LearningWorks has a clear zero-tolerance policy regarding bullying, which is an integral part of TLW's three levels of safety and security policy. I understand The LearningWorks will dismiss, immediately and without recourse and without refund, any student not adhering to these policies.
- 5) The administration of The LearningWorks may also dismiss a registered child for reasons pertaining to behavior, health, etc. I accept The LearningWorks' right to dismiss my child from programs without refund for disruptive or dangerous behavior, for not listening to or obeying TLW staff, or if undisclosed medical, developmental or emotional issues are discovered after the start of program.
- 6) I am responsible for my child/children before drop-off and after pick-up. I understand that early drop-off is not permitted without prior permission from LearningWorks staff. My child getting picked up late does not make The LearningWorks or its staff responsible for my children – that is my sole responsibility. I agree that under no circumstances will my child/children stay at any TLW campus without staff.
- 7) I will not hold The LearningWorks responsible for my property or the property of my child/children.
- 8) I authorize The LearningWorks to use photographs and/or videos of my child/children from programs in publicity.
- 9) I am aware that TLW activities are cell-phone, device and headphones-free. My child will not use a phone, or headphones, while at any TLW activity. Phones and devices may be used ONLY BEFORE and AFTER TLW activities, except for when the activity specifically requires them.
- 10) I authorize any LearningWorks staff to secure immediate and proper medical treatment for my child/children in the event of an emergency, at my sole expense. I accept that The LearningWorks does not provide medical insurance and that this care is at my expense. I certify that we have medical coverage and/or travel insurance for our child/children. I will not hold The LearningWorks or LearningWorks staff responsible for any medical treatment required by my child.

**FIELD TRIPS**

- 1) I give permission for my child to participate in all Field Trips and sleepovers in the current school year or camp season. TLW Staff will do everything they can do to keep my child safe but I am/my child is responsible for my own/their own safety, and I agree/my child agrees to behave responsibly, with safety being the highest priority in all decisions.
- 2)
  - a) If on bicycle, I/My child will only ride on TLW field trips with TLW staff and/or parent volunteers.
  - b) While on field trips I/my child will always be wearing a helmet while on the bicycle.
  - c) I/My child will emphasize safety over speed. We know this takes more time. I/we agree to do this consistently. I/my child will make every effort to insure both his/her own safety, and that of others.
  - d) TLW is not responsible for any injury to my child while on a TLW bicycle trip.

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of primary contact: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of secondary contact: \_\_\_\_\_

Date: \_\_\_\_\_