

Dear Student,

Thank you for your interest in Woodstock School's GAP Semester in the Himalaya.

Dates: 19th August - 16th November, 2012
Semester fee is: US \$ 11,500

The admission process is as follows:

- Application material downloaded from Woodstock School's website printed, completed and sent to the Head of Outdoor Education via e mail scanned copy.
- Completed application material reviewed by the Admissions Committee
- Decision of the Admissions Committee communicated by email
- Deposit of US\$ 2000/- within two weeks after confirmation from the Head of Outdoor Education to secure your place on the semester
- Balance of the course fees paid by 18 May, 2012

Please note that a complete set of application material for Woodstock School's GAP Semester is made up of the items listed on the check list which follows this page.

Please be sure to keep a copy of the completed application material for your records.

Cancellation policy:

30 days before the start of the semester, Woodstock School will refund 50% of the fee.

If you cancel within 30 days of the start of the semester or are not present on Day 1, there will be NO REFUND.

If Woodstock School decides to cancel the GAP Semester for any reason, there will be a FULL REFUND.

If you have any questions or concerns as you are completing the forms please feel free to email.

Sincerely,

K. Krishnan Kutty
Head of Outdoor Education

Checklist for Gap Semester applicants:

- Application form (3 pages)
- 2 recent photographs
- Color passport copy
- Student Medical History form (2 pages) signed by a Physician
- Student Questionnaire
- Statement of Understanding
- Confidential reference forms need to be completed by the concerned persons and sent in a sealed envelope to the office of the Head of Outdoor Education.
- Insurance Information

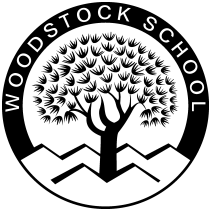
Please complete and send the above listed materials by courier, post or email to the following address. To expedite the process, you may scan the documents and email them.

Head of Outdoor Education
Hanifl Centre, Woodstock School
Mussoorie, Uttarakhand 248179
India

gap@woodstock.ac.in

Telephone: (91) 135 6615173

Kindly mark "Gap Semester" on the envelope



APPLICATION FORM
 Woodstock School's GAP Semester in the Himalaya
 WOODSTOCK SCHOOL
 MUSSOORIE • UTTARAKHAND • 248179 • INDIA

STUDENT INFORMATION

Student name _____ Sex _____
 last name first name middle name M/F

Birth date _____ Place _____
 day/month/year city country

Nationality _____ Passport (please attach photocopy) _____
 Passport Number _____ Country of issue _____

Permanent address _____

City _____ Zip Code _____
 Country _____ Email Address: _____

Current mailing address _____

City _____ Zip Code _____
 Country _____

Home phone _____ Mobile _____

Grade last completed _____ Name of School _____

If any members of your close family (parents, siblings, other children, etc.) have studied at Woodstock School, please list their names and the year they attended.

| | Name of family member | Year last attended at Woodstock |
|---|-----------------------|---------------------------------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |

How did you hear about the Woodstock Gap Semester in the Himalaya?

Are you applying with a friend?

YES NO

His / Her full name _____ Sex _____
 last name first name middle name M/F

FAMILY INFORMATION

Father/Guardian's information

Name _____
Address _____
Street _____
City _____
State _____
Pin/Zip _____
Country _____
Email _____
Home Phone _____
Work Phone _____
Date of Birth _____
Occupation _____
Employer _____
Employer's Address _____

Mother's information

Name _____
Address _____
Street _____
City _____
State _____
Pin/Zip _____
Country _____
Email _____
Home Phone _____
Work Phone _____
Date of Birth _____
Occupation _____
Employer _____
Employer's Address _____

Applicant lives with Both Parents Father Mother
Parents are Married Divorced Separated Widowed

Person responsible for payment of fees: _____

EDUCATIONAL HISTORY

Name of student _____

Name of present school/college _____

Address of present school/college _____

Telephone _____

Name of Principal at present school/college _____ Email _____

Date of entrance to present school/college _____ Proposed date of leaving: _____

Please list other PREVIOUS schools attended, if any:

| School Name | City and Country | Dates of Attendance | Grade Completed | Language of Instruction |
|-------------|------------------|---------------------|-----------------|-------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Please list extra-curricular activities that you have participated in or organizations that you have been a member of:

| Activity / Organization | Position | Hours per week |
|-------------------------|----------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |

Have you been suspended/expelled from any other school? Yes No

If yes, please explain the circumstances

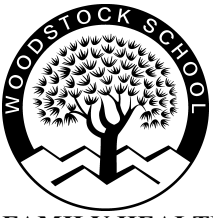
Have you ever been tested (or referred for testing) for a learning, behavioral, emotional, or physical disability? Yes No

If yes, please describe

Language Spoken at Home: *(Please list the language most commonly used)*

Between mother and student _____ Between father and student _____

Between siblings _____ Between parents _____



STUDENT MEDICAL HISTORY FORM

Name _____ Gender _____ Birth Date _____
 Day/month/year
 Height _____ Weight _____

FAMILY HEALTH HISTORY: Add YES before the condition to indicate any occurrence of the following:

| | | | |
|-------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Asthma | | | |

Has there been a death of a close family member in the past year? Yes No
 If yes, on what date _____ Cause _____
 Relation to student _____

PERSONAL HEALTH HISTORY: Enter Y in the Yes column to indicate if the student now has or had any of the following and give brief details:

| | Yes | Date | | Yes | Date | | Yes | Date |
|---------------------------|-----|------|---|-----|------|--------------------------------|-----|------|
| Childhood Diseases | | | Chest/Respiratory | | | Skin Conditions | | |
| Chicken Pox | | | Asthma | | | Eczema | | |
| Diphtheria | | | Chronic cough | | | Impetigo | | |
| Measles | | | Chest pain | | | Frequent boils | | |
| Mumps | | | Heart/Blood Disorder | | | Scabies | | |
| Polio | | | Rheumatic heart disease | | | Neurological Conditions | | |
| Whooping Cough | | | Other Heart problems | | | Convulsion/Epilepsy | | |
| Other Diseases | | | High Blood Pressure | | | Dizziness/Fainting | | |
| Dengue | | | Hemophilia | | | Frequent headaches | | |
| Hepatitis (Jaundice) | | | Excessive bleeding after injury or tooth extraction | | | Neuritis | | |
| Malaria | | | GI/GU Conditions | | | Other Conditions | | |
| Mononucleosis | | | Appendicitis | | | Insomnia | | |
| Rheumatic Fever | | | Abdominal pain | | | Sleep Walking | | |
| Tuberculosis | | | Bladder infection | | | Alcoholism | | |
| Typhoid | | | Diarrhea/dysentery | | | Depression | | |
| Ear/Nose/Throat | | | Gall Bladder | | | Drug Habit | | |
| Frequent colds | | | Frequent indigestion | | | Hysteria | | |
| Frequent earaches | | | Hemorrhoids | | | Mental illness | | |
| Draining ears | | | Hernia | | | Psychiatric treatment | | |
| Frequent nose bleeds | | | Kidney infection | | | Smoking tobacco habit | | |
| Frequent sore throats | | | Muscle / Skeletal Injuries | | | | | |
| Tonsillitis | | | Knee, hip or ankle injuries | | | | | |
| Any Deafness | | | Shoulder or arm injury | | | | | |
| Tooth/Gum problems | | | Back injury | | | | | |
| Hay Fever allergies | | | | | | | | |

If yes to any of the above, please give details:

Does the student

Wear glasses or contact lenses?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | | <input type="checkbox"/> | |
| <input type="checkbox"/> | | <input type="checkbox"/> | |

Wear a hearing aid?

Having on going dental treatment now?

If yes, please specify by when treatment will be completed

After returning home at the end of the semester

Before the semester starts

Females Only

Does the student: Have any problems during menstruation?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | | <input type="checkbox"/> | |

Have any gynecological problems?

If yes to any of the above, please give details:

ALLERGIES:

DRUGS: Yes No If yes, please state which drug and what treatment has been or is being given.

FOOD: Yes No If yes, please state which foods and what drugs and treatment has been or is being given.

OTHER: Yes No If yes, please state which drug and treatment has been or is being given.

KNOWN MEDICAL CONDITIONS:

Does this student suffer from any medical conditions for which he/she takes medication to control symptoms? E.g., asthma, skin conditions, etc. If yes, please give details:

Condition _____

Date Diagnosed _____ Medication being taken _____

Please record any other illness, injury, or operation that this student has experienced.

| | | | |
|------------|-------|------|-------|
| Illness | _____ | Date | _____ |
| Injury | _____ | Date | _____ |
| Operations | _____ | Date | _____ |

Please comment on this student's exercise regime: (activity, duration/week and intensity)

Woodstock School's GAP Semester in the Himalaya in a fairly rigorous program that involves trekking and travel in remote areas.

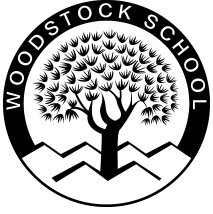
Yes ___ No ___

Based on the above information, do you think this student can fully participate in the semester? Yes No

Physician's name: _____ Phone: _____

Address _____

Physician's Signature: _____ Date: _____



STUDENT QUESTIONNAIRE
Woodstock School's GAP Semester in the Himalaya
WOODSTOCK SCHOOL
MUSSOORIE • UTTARAKHAND • 248179 • INDIA

Your name: _____

Please answer the following questions. Feel free to add additional pages if necessary.

1. Describe your extracurricular activities/involvements outside of school.

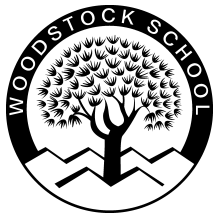
2. The Woodstock Gap Semester in the Himalaya is extremely demanding, physically and mentally. Tell us how you plan to prepare for the semester.

3. What do you think are your areas of strength? What areas do you seek to improve?

4. The Woodstock Gap semester in the Himalaya will enroll students from all over the world. Tell us about any one of your experiences in a multi-cultural situation.

5. What contribution do you hope to make to the Gap semester??

6. Is there anything else that you would like to tell us?



STATEMENT OF UNDERSTANDING
Woodstock School's GAP Semester in the Himalaya
WOODSTOCK SCHOOL
MUSSOORIE • UTTARAKHAND • 248179 • INDIA

Please read the following statement carefully, tick the boxes, and sign below.

Having read the literature carefully, I am aware that Woodstock School is an International School with a student body drawn from more than twenty countries, representing a wide variety of cultural and national backgrounds.

I understand that Woodstock School is rooted in Christian heritage which seeks to encourage the highest standards of citizenship, personal integrity, and community relationships. I understand that the standards of the school are drawn in accordance with the school's Christian philosophy, and also in recognition of the fact that the school is situated in India.

I understand that failure to live up to the standards of the school may lead to disciplinary action, including expulsion. These standards include respecting the culture and traditions of India and the people that live both within and outside of the school boundaries. I recognize the need for honesty and integrity and will strive to live in peace and harmony with all other persons in the school community.

I understand that bullying, gambling, drug abuse, smoking, alcohol consumption, and sexual immorality are forbidden and will be treated as serious offenses that will result in expulsion from the semester.

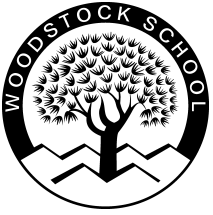
Having read the above statement carefully, I will give wholehearted support to these rules and goals if I am admitted to Woodstock School's GAP Semester in the Himalaya.

Signature of Applicant: _____ Date: _____

Applicant's name (print): _____

Signature of Parent _____ Date: _____

Parent's name (print): _____



CONFIDENTIAL REFERENCE
 Woodstock School's GAP Semester in the Himalaya
 WOODSTOCK SCHOOL
 MUSSOORIE • UTTARAKHAND • 248179 • INDIA

to be completed by current **Principal** or **Guidance Counselor**

_____ is an applicant for admission to the Woodstock Gap Semester in the Himalaya

We value your assessment of this student as an integral component of the student's application for admission. Your forthright answers will help us to determine if this student is likely to be successful on the Gap Semester in the Himalaya.

Please complete this confidential recommendation form and return it by fax (+91-135-263-0897), e mail, or in a sealed envelope, with your signature across the seal, at the following address:

Head of Outdoor Education
 Woodstock School
 Mussoorie, Uttarakhand 248/179
 India
gap@woodstock.ac.in

LEARNING PROFILE: Please answer the following questions to the best of your ability.

1) Has the student worked up to his/her potential? Please explain.

2) Has the student ever been tested (or referred for testing) for a learning, behavioral, emotional, or physical disability?

Yes

No

If yes, please describe

3) Has the student ever received any of the following services? Please check all that apply.

English as a Second Language

Gifted/Talented/Honors program

Personal/ psychological counseling

Physical or occupational therapy

Remedial education program

Speech/Language therapy

Other: Please list

If you checked any of the above, please explain.

4) Has the student ever been evaluated by a psychiatrist, psychologist, speech/language therapist, educational diagnostician or other specialist?

Yes

No

If yes, which specialist(s)?

5) Is the student now, or has he/she ever been on any long-term medication?

Yes

No If yes, please explain

APPLICANT INFORMATION: Please comment on this student with respect to the following. Circle the most appropriate answer for each category.

Please list the 3 adjectives that you feel best describe this student:

1. _____ 2. _____ 3. _____

RECOMMENDATION: Please circle the most appropriate response for each category

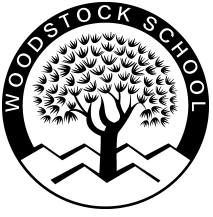
| | | | | | |
|--|-----------------|--------------------|-----------------|----------|------------------|
| For Physical/ co-curricular activity: | not recommended | without enthusiasm | fairly strongly | strongly | Enthusiastically |
| For Character and Personal Promise: | not recommended | without enthusiasm | fairly strongly | strongly | Enthusiastically |
| Overall Recommendation: | not recommended | without enthusiasm | fairly strongly | strongly | Enthusiastically |

Please summarize your reasons for your recommendation:

Is there any additional information regarding the student or the student's family which you think might or should influence our decision?

| | | | |
|-----------------|-------|-----------|-------|
| Name (printed) | _____ | Signature | _____ |
| Position | _____ | Date | _____ |
| Email address | _____ | Telephone | _____ |

May we contact you directly if we have questions or concerns? Yes No, I would prefer you do not



CONFIDENTIAL REFERENCE
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to be completed by **Pastor, Youth Leader or Adult Friend** (not a relative)

_____ is an applicant for admission to the Woodstock Gap Semester in the Himalaya

We value your assessment of this student as an integral component of the student's application for admission. Your forthright answers will help us to determine if this student is likely to be successful on the Woodstock Gap Semester in the Himalaya.

Please complete this confidential recommendation form and return it by fax (+91-135-263-0897), e mail or in a sealed envelope, with your signature across the seal, at the following address:

Head of Outdoor Education
 Woodstock School
 Mussoorie, Uttarakhand 248/179
 India
gap@woodstock.ac.in

Name of the person giving the reference (Please print) _____

Relationship to applicant _____

How long have you known the applicant? _____

The Woodstock Gap Semester in the Himalaya has a focus on outdoor education, living and camping in the outdoors. How do you feel this student will adjust to living away from home, in a tent, with students from many countries and family backgrounds?

APPLICANT INFORMATION: Please comment on this student with respect to the following. Circle the most appropriate answer for each category.

| | | | | |
|---|-------------------------|-------------------------|---------------------------|-------------------------|
| Ability to express ideas orally: | limited | Fair | Good | Exceptional |
| Ability to follow directions: | needs much explanation | occasionally needs help | usually understands | follows directions well |
| Conduct: | frequent misconduct | occasional misconduct | usually good conduct | good conduct |
| Consideration of others: | rarely considerate | usually considerate | Considerate | |
| Fulfills responsibilities: | rarely | sometimes | Usually | always |
| Initiative: | never initiates | rarely initiates | occasionally initiates | often initiates |
| Integrity: | questionable | usually trustworthy | Trustworthy | |
| Leadership potential: | a follower | occasionally leads | seeks opportunity to lead | natural leader |
| Maturity for age/grade: | very immature | somewhat immature | Mature | very mature |
| Personality: | withdrawn | shy | somewhat warm | sociable |
| Relationships with peers: | relates poorly | occasional problems | healthy relationships | |
| Self-confidence: | needs much reassurance | needs some support | positive self-image | overly confident |
| Sense of humor: | rarely laughs or smiles | fair | Good | delightful |

High School Pastor, Youth Leader, Adult Friend Reference Page 1/2

Please give a brief, frank statement concerning the student's:

Character _____

Concern for others _____

Social interests _____

Academic interests _____

Have you known this student to have any involvement in bullying, alcohol, tobacco, drug/substance use or inappropriate sexual behavior? Yes No

If yes, please describe

Please list the 3 adjectives that you feel best describe this student:

1. _____ 2. _____ 3. _____

Additional comments, including mention of any evident strengths or weaknesses, would be appreciated. Please feel free to attach a page, if necessary.

Would you highly recommend recommend not recommend this candidate for admission?

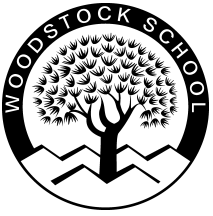
Please summarize the reasons for your recommendation:

Name (printed) _____ Signature _____

Email address _____ Date _____

Telephone _____

May we contact you directly if we have questions or concerns? Yes No, I would prefer you do not



INSURANCE INFORMATION
Woodstock School's GAP Semester in the Himalaya
WOODSTOCK SCHOOL
MUSSOORIE • UTTARAKHAND • 248179 • INDIA

to be completed by Student, Parent or Guardian

Please complete this form so that we have the required information easily accessible, should there be a need for it. Kindly attach a copy of the policy if possible. No student will be permitted to join the Woodstock Gap Semester in the Himalaya without insurance coverage that includes emergency evacuation. You are responsible for getting any necessary pre-hospital review.

Student name: _____

Name and address of the person under whose name the policy is carried:

Name: _____

Address: _____

Phone: _____

Name and address of the insurance company providing coverage:

Name: _____

Address: _____

Phone: _____

Address where the claim must be submitted

Address: _____

Phone: _____

If group insurance, give name of group (employer or association) through which this student is insured

Name: _____

Address: _____

Phone: _____
