

Missouri School for the Blind

Summer Explorations Application 2025

Contact Information

Student Name: _____ Age: _____ Grade: _____ Gender: _____

Visual Diagnosis: _____ Acuity: _____

Choose which Summer Exploration program your student is interested in attending. Please mark your first choice with a 1 and your second choice with a 2*:

Session I:

- _____ Set Your Sights on Adventure
- Grades 8 – 12
 - June 23 – July 3 (9 days)

- _____ Sports and Leisure Recreation
- Grades 3 – 8
 - June 23 – July 3 (9 days)

Session II:

- _____ Bon Appétit (Explorations in Culinary Arts)
- Grades 8 – 12
 - July 7 – July 18 (10 days)

- _____ Mission to Mars (Explorations in STEM)
- Grades 3 – 8
 - July 7 – July 18 (10 days)

Session I and II:

- _____ Work Training/Work Experience Program
- Ages 16 – 21 (and not graduated from high school)
 - June 23 – July 18 (19 days)

*If your student is interested in attending more than one session, we will make **every** effort to accommodate them on a first come, first serve basis. However, our space is limited this year so please indicate a first and second choice if we just cannot accommodate your student for both weeks.

Custodial Parent/Guardian:

Last Name: _____ First Name(s): _____

Home Address: _____ City/State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Number: (____) _____ - _____ E-mail: _____

Preferred method of contact: _____

Non-Custodial Parent/Guardian:

Last Name: _____ First Name(s): _____

Home Address: _____ City/State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Number: (____) _____ - _____ E-mail: _____

Preferred method of contact: _____

Emergency Contact:

Last Name: _____ First Name(s): _____

Home Address: _____ City/State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Number: (____) _____ - _____ E-mail: _____

Can your student leave Missouri School for the Blind with them: _____

School Information:

School District: _____ School Currently Attending: _____

Contact Person: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: (____) _____ - _____ E-mail: _____

Educational/Instruction Overview

Is your student mainstreamed?

- Yes
- No

Reading/Learning Media:

- Regular Print
- Large Print, Font Preference: _____ Size: _____
- Braille
- Tape/Auditory

Does your student have an assistant?

- Yes
- No

If you answered yes to the previous question, for what purpose?

- School work/Academic Support
- Vision Support without Academic Intervention
- Transfers/Physical Needs
- Other: _____

What Assistive Technology Devices does your student regularly use?

Is there anything else we should be aware of in planning for your student?

Additional Disabilities, List: _____

Special Dietary Needs: _____

Special Transportation Needs: _____

Behaviors (List): _____

Typical Leisure Activities: _____

Other: _____

Residential Housing and Transportation

Residential Housing – The MSB residential program provides housing for students who are Missouri residents that are unable to be transported to and from school on a daily basis. All dormitories are staffed with residential advisors who provide assistance to each student based on individual needs. Will your child be a Residential student during their Summer Exploration Program(s)?

Choose one of the following:

___ Yes, my student **will be** a residential student as we do not live close to Missouri School for the Blind.

___ No, my student **will not be** a residential student and will be leaving Missouri School for the Blind daily.

Transportation – In most cases, MSB can provide students with transportation to and from their homes on a daily basis for local students and a weekly basis for Residential students. Please indicate how often your child will need transportation from MSB to and from their homes:

Choose one of the following:

___ My student will need **weekly** (Sunday pick up and Friday drop off) transportation to and from Missouri School for the Blind.

___ My student will need **daily** (Morning pick up and Afternoon drop off) transportation to and from Missouri School for the Blind.

___ My student does **not** need transportation, as I will provide transportation to and from Missouri School for the Blind.

**All students leave at 1:00 pm on Fridays during Summer Programs
and return home every weekend.**

Permissions

General Events – Permission is granted for my child to attend field trips and activities of which the school approves. I release MSB from responsibility connected with illness, accidents, damages or bodily injury incurred during the trip. EXAMPLE: Educational, Recreational and Athletic events.

Yes No

Internet/Computer Usage – As the parent or guardian of this student, I have read MSB’s Internet/Computer student agreement. I understand that access is designed for educational purposes. I also understand that MSB is employing monitoring procedures and software to access the Internet. However, I recognize that it is impossible for MSB to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I hereby give permission to provide independent access to the Internet.

Yes No

Photo/Video/News Print/Television/Radio – I, as the parent or guardian of _____, hereby give MSB and its employees, representatives, contractors and media or other organizations approved by MSB permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital or printed media (to further be known as image and/or likeness) that may be published and available inside or outside of MSB.

1. This is with the understanding that neither MSB nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child’s participation.
2. I further release and relieve MSB and other representatives from any liabilities, known or unknown, arising out of the use of this material.

Public News Media Yes No

Public Print Media Yes No

Informational Print Material Yes No

Informational MSB Presentations Yes No

No MSB Website (videos, pictures, articles) Yes No

Social Media (Facebook, Twitter, Instagram and YouTube) – I hereby give MSB permission to feature my child in social media posts in the following capacity (please check only one option):

- Full – Photo/video, first and last name may be included in social media posts
- Partial 1 – Photo/video, first name only may be included in social media posts
- Partial 2 – Photo/video only, no name may be included in social media posts
- None – No photos, video or name may be included in social media posts

I understand that the permissions and authorizations granted on this form will remain in effect as long as my child continues to be enrolled at MSB. I also understand that I can change any permission or authorization at any time by writing to the Assistant Superintendent.

Date

Signature of Parent/Guardian or Student over 18

The following information must be received by MSB by **May 1, 2025** for consideration in a **Summer Explorations** course:

_____ Completed Application

_____ Health Center Paperwork (at the end of this application)

_____ Current IEP

Mail registration to:

Missouri School for the Blind
 Attention: Summer Programs
 3815 Magnolia Avenue
 St. Louis, MO 63310

-OR-

Email

Desiree.Morris@msb.dese.mo.gov

Fax:

314-776-1875

If you have further questions or need additional information, please contact:

Desiree.Morris@msb.dese.mo.gov