

# Missouri School for the Blind

## Summer Explorations Application 2026

### 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: June 22 – July 2 (9 days)

- \_\_\_\_\_ Musical Summer Theatre
  - Grades 3 – 12
- \_\_\_\_\_ Set Your Sights on Adventure
  - Grades 8 – 12

### Session II: July 6 – July 17 (10 days)

- \_\_\_\_\_ Engineering and Design (Explorations in STEAM)
  - Grades 3 – 12
- \_\_\_\_\_ Musical Summer Theatre
  - Grades 3 – 12

### Session I and II: June 22 – July 17 (19 days)

- \_\_\_\_\_ Work Training/Work Experience Program
  - Ages 16 – 21 (and not graduated from high school)

\*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?

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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 daily. All dormitories are staffed with residential advisors who assist 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

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**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

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**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

MSB Website (videos, pictures, articles)  Yes  No

Social media (Facebook, Instagram, etc.) – 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, 2026** 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](mailto:Desiree.Morris@msb.dese.mo.gov)