

Dear Student,

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

Dates: 19<sup>th</sup> August - 16<sup>th</sup> 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

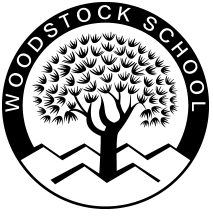
Please complete and send the above listed materials by courier, post or email to the following address. To expedite the process, you may scan the documents and email them.

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

[gap@woodstock.ac.in](mailto: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

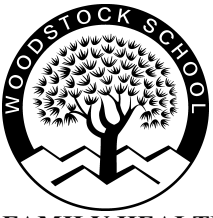
Have you ever been tested (or referred for testing) for a learning, behavioral, emotional, or physical disability?  Yes  No

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:

	<i>Yes</i>	<i>Date</i>		<i>Yes</i>	<i>Date</i>		<i>Yes</i>	<i>Date</i>
<b>Childhood Diseases</b>			<b>Chest/Respiratory</b>			<b>Skin Conditions</b>		
Chicken Pox			Asthma			Eczema		
Diphtheria			Chronic cough			Impetigo		
Measles			Chest pain			Frequent boils		
Mumps			<b>Heart/Blood Disorder</b>			Scabies		
Polio			Rheumatic heart disease			<b>Neurological Conditions</b>		
Whooping Cough			Other Heart problems			Convulsion/Epilepsy		
<b>Other Diseases</b>			High Blood Pressure			Dizziness/Fainting		
Dengue			Hemophilia			Frequent headaches		
Hepatitis (Jaundice)			Excessive bleeding after injury or tooth extraction			Neuritis		
Malaria			<b>GI/GU Conditions</b>			<b>Other Conditions</b>		
Mononucleosis			Appendicitis			Insomnia		
Rheumatic Fever			Abdominal pain			Sleep Walking		
Tuberculosis			Bladder infection			Alcoholism		
Typhoid			Diarrhea/dysentery			Depression		
<b>Ear/Nose/Throat</b>			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			<b>Muscle / Skeletal Injuries</b>					
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:

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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.

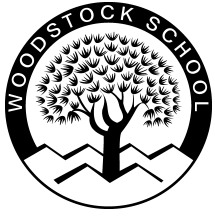
Yes \_\_\_ No \_\_\_

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.

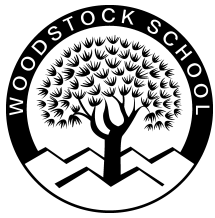
3. What do you think are your areas of strength? What areas do you seek to improve?

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.

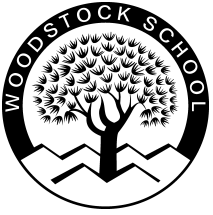
*Having read the above statement carefully, I will give wholehearted support to these rules and goals if I am admitted to Woodstock School's GAP Semester in the Himalaya.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's name (print): \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name (print): \_\_\_\_\_



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 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](mailto: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**

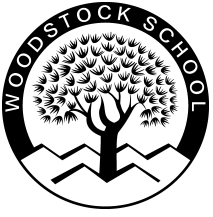
<b>For Physical/ co-curricular activity:</b>	not recommended	without enthusiasm	fairly strongly	strongly	Enthusiastically
<b>For Character and Personal Promise:</b>	not recommended	without enthusiasm	fairly strongly	strongly	Enthusiastically
<b>Overall Recommendation:</b>	not recommended	without enthusiasm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



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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](mailto: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.**

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

High School Pastor, Youth Leader, Adult Friend Reference Page ½

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:

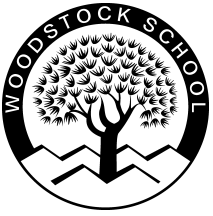
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_