

**BROOKS SCHOOL**  
**AFTERNOON PROGRAM INDEPENDENT PROGRAM APPLICATION**  
**2017-18**

Name: \_\_\_\_\_ Form (17-18): \_\_\_\_\_

Advisor: \_\_\_\_\_ Day Student or Boarder (circle one)

Proposed Independent Activity: \_\_\_\_\_

Last year's Afternoon Program activities:

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_

Current year's Afternoon Program plans:

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_

Independent Program Explanation/Procedures:

An independent activity exempts a student from participation in one of the activity offerings for a season. An independent may be granted to a 5th or 6th form student in good academic, disciplinary (including attendance) standing who meets the following criteria:

- A student is an athlete or has been fully involved with a program prior to attending Brooks in a sport not offered at Brooks (i.e. horseback riding, fencing, Irish step dancing, ski racing, etc.).
- A student is a performer or has been fully involved with a music or art program prior to attending Brooks and can continue with his/her training outside of school or at the supervision of a Brooks faculty member. A final project, performance or exhibit is required at the end of the independent.
- Each independent activity must have some component by which a student "gives back" to the Brooks community.
- As per ISL by-laws, "athletes may not receive credit for participating in a sport for more than one season in an academic year."
- Boarders will not be allowed to have cars on campus to facilitate transportation for a flex option.

In rare cases a 3rd or 4th form student may be granted an independent if he/she is nationally ranked or proven elite in a specific sport or activity.

Independent Program proposals for the fall season must be submitted by Thursday, May 25, 2017 and will be reviewed by a committee for approval. Applications for both the winter and spring seasons will be due on October 25, 2017.

**Please return the completed application to the Athletic Department. Being granted an afternoon Independent Option is a privilege. We expect that all applications will be well**

**thought out, thorough in details and complete before being handed in for the committee to review. Only complete applications, received by the due date, will be considered. Please provide the following information. Type or print legibly.**

1) Describe your interest for pursuing an Independent Program. Make sure to include your previous experience in this area.

2) Name of program you will be participating in: \_\_\_\_\_

3) Who will be responsible for supervising you during your Independent Program:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

4) Where will you be doing your Independent Program:

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

5) Transportation: How will you be traveling to your Independent Program?

Primary Option:

Secondary Option: (If needed):

6) If there is not an exercise component in your Independent Program, please provide information regarding how you will work physical fitness into your schedule on a regular basis:

**REQUIRED SIGNATURES**

Student:

I have completed the application in its entirety and understand my obligations as a participant in an afternoon program Independent program.

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

Advisor:

I have read and understand the Independent Program application for my advisee. I support this application and will ensure that my advisee follows through with his/her obligation. I do reserve the right to withdraw my support based on any problems that may arise or are brought to my attention at end of term meetings or during the course of the school year.

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

Transportation: If you will be relying on an adult to drive you to and from your Independent Program, please include their name, contact information and signature below:

I agree to be responsible for transporting \_\_\_\_\_ to and from his/her Independent Program activity on the days and at the location listed above:

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Secondary Option: (if needed)

I agree to be responsible for transporting \_\_\_\_\_ to and from his/her Independent Program activity on the days and at the location listed above:

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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