



Sea Education Association  
**High School Program**  
**Preliminary Accommodations**

Class #/Program \_\_\_\_\_

Read carefully, sign and return to SEA immediately **ONLY** if you require accommodations.

**CONFIDENTIAL**

This information is required by SEA for preliminary safety, participation, and accommodation considerations.

SEA programs are often physically demanding, particularly at sea, and require quick responses and some agility to safely move about the vessel. A great deal of time on board our vessels is spent in remote places where medical help may be several sailing days away. Prolonged seasickness may inhibit or prohibit the use of certain medications.

It is important that you communicate any needs for special accommodations and/or any potential problems to SEA's Office of Student Services as soon as possible. This will help us determine to what extent we may be able to help you, and whether or not we can provide you with an acceptable accommodation for participation on shore or at sea.

Please check areas that apply to you either temporarily or long term, and note specifics in the space provided (use the back page for extra space):

Mental, learning, or physical disability: \_\_\_\_\_

Take medications regularly (for conditions such as diabetes, epilepsy, heart condition, etc.):  
\_\_\_\_\_

Special diet required (for medical reasons only): \_\_\_\_\_

Other potential problems or concerns: \_\_\_\_\_

I would prefer to speak privately with the Office of Student Services.

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

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

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

Return this form **only** if you have checked any of the boxes noted above.

**Upload:** [www.sea.edu/hs-accepted](http://www.sea.edu/hs-accepted)

**Fax:** 857.386.7986

**Mail:** SEA Student Services, P.O. Box 6, Woods Hole, MA 02543

**Contact:** Virginia Land McGuire, Associate Dean of Student & Financial Services, [vland@sea.edu](mailto:vland@sea.edu)