2019
WEST ADA SCHOOL DISTRICT
MIDDLE SCHOOL SUMMER SCHOOL
Offered at: Meridian Middle School
1507 W. 8th St., Meridian, ID 83642
208-350-5191

STAFF:
Principals: Melissa Knueven (knueven.melissa@westada.org)
Cyndi Grothlandis (grothlandis.cyndi@westada.org)

Counselor: Breanna Ulrey (ulrey.breanna@westada.org)

Secretary/Attendance: LaJohnna Honeybale (honeybale.lajohnna@westada.org)

6 WEEK SEMESTER
Students attend all 6 weeks: June 10 - July 26
Mid-term break: July 1 – July 5

BELL SCHEDULE:
CLASS PERIOD 1:  7:30 am – 10:00 am
BREAK:  10:00 am – 10:15 am
CLASS PERIOD 2/LUNCH: 10:15 am – 1:15 pm
CLASS PERIOD 3:  1:15 pm – 3:45 pm

FEES:
• $50 per class for Out-of-District students (Out-of-District is defined as any student remediating a credit from a school outside of the West Ada school district)
• $60 Bus for Out-of-District students (cost is same for one way or round trip)

There are no fees for In-District students needing to earn a lost credit or remediation.

OPEN REGISTRATION:
• Registration packets need to be filled out completely and delivered to your home middle school
• Your school counselor must sign registration forms and the “At-Risk” form (if applicable).
• Please provide bus payment and fees for out of district students at the time of registration. We accept CASH, MONEY ORDER and CHECK (make checks payable to West Ada School District).
• Your counselor will send the completed packet to Jolene Bernal at LSMS.
• After May 31st, registration packets need to be brought to LATE REGISTRATION at Meridian Middle School. No packets will be accepted at home middle schools after May 31st.
• All applications are due by Friday June 7th unless other arrangements are made with the middle school counselors.

LATE REGISTRATION:  MERIDIAN MIDDLE SCHOOL
Monday, June 3  8:00 -12:00
Tuesday, June 4  1:00 - 4:00
**REFUNDS:**
A full refund will be given until end of the first day. A 50% refund will be given the second and third day of class. No refunds will be given after the third day of class.

**BREAKFAST & LUNCH:**
All students who attend summer school are eligible for free breakfast and lunch. This is offered through the community food program. It is unlike the lunch provided during the school year, so feel free to bring a lunch if you so desire.

**ATTENDANCE POLICY:**
The summer school attendance policy will be strictly enforced. **Do not sign up for summer school if you cannot meet the attendance requirement.** Students who miss more than 3 days will lose credit. Students with more than 2 tardies in any particular class will serve lunch detention to make up the time. Activities such as summer camps, vacations, and reunions will not be excused, nor will pre-arranged absences be granted by the summer school staff. Doctor’s notes will only be accepted to waive a tardy or absence. With this in mind, please plan vacations, camps, and other activities after the last day of the 6-week session. **There will be a break July 1-5. Please plan vacations and other activities during this time.** Summer school is a closed campus. Students will not be allowed to leave and come back during the same day.

**DISCIPLINE POLICY:**
West Ada School District Summer School will adhere to the policies that are set forth in the student handbook. It should be noted that immediate suspension or expulsion may result in the case of:

1. Drug use/possession (alcohol, drugs, tobacco)
2. Major discipline problems (fighting, verbal abuse of teachers and/or students)
3. Weapons use/possessions (knives/guns)
4. Destruction of school property
5. Three discipline referrals in one class
6. Any five referrals during the summer school session.

**GRADES:**
Grades are available by request. Please feel free to contact the teacher via email or phone to get updated grades. Students are encouraged to check with teachers on a regular basis to track their progress. Final grades will be sent to the “Home High School / Middle School”.

**BUS SCHEDULE:**
- The cost for busing is **$60.00 for out of district students.** This fee remains the same whether the student is riding ONE WAY or ROUND TRIP. **There are no refunds for busing after the second day of class.**
- There will be one pick-up for students before the school day begins.
- A bus will take students home after Block 2 and also after Block 3.
- There will be no bus to take students home between Blocks 1 and 2.
- **Bus times will be posted on the summer school website [www.westaad.org/summerschool](http://www.westaad.org/summerschool).**

**STUDENT SCHEDULES:**
Students will receive their schedules on the first day of summer school. If you are registering for a second or third block, you will be notified that your student does not need to arrive at 7:30. If you do not hear from the school, your schedule will be available at 7:30 on the first day of school.

**FINAL EXAMS:**
The last day of class will be exam day. No early finals will be given. Finals must be taken at scheduled times. The option of make-up for finals will not be offered. With this in mind, please plan vacations, camps, and other activities after the last day of the six (6) week session, or during the mid-term break, July 1-5.
SUMMER SCHOOL 2019 REGISTRATION FORM

Last Name (print neatly)      First                       Nickname/Middle

Street Address (print neatly)                                       City

Home Phone:_______________________     Date of Birth:______________________________

Student PowerSchool ID #_____________________ Student State ID # ____________________

Mother Name: ___________________Mother Email:__________________ Mother Cell:__________

Father Name: ____________________Father Email:                                      Father Cell: ____________

Home Middle School_________________________ Grade in School Next Year ______________

Ride the BUS?      YES     NO
($60.00 fee for bus- Please understand: a student may NOT remain on campus if they do not have a class.)

I want the bus to pick me up at:

$50 per class for Out-of-District students

$60 Bus for Out of District (cost is the same for one way or round trip) 

Total Fees =

*PAGES 3 THROUGH 7 TO BE COMPLETED BY PARENT. SIGNATURES REQUIRED ON PAGES 4 & 7*

**PAGES 8 AND 9 TO BE COMPLETED BY SCHOOL COUNSELOR**

FOR OFFICE USE ONLY

Date Paid _________ Receipt #_________ Cash $   ________  Check $ __________ Check # ______

PAYMENT ARRANGEMENTS CAN BE MADE WITH THE SCHOOL COUNSELOR
2019 West Ada School District Summer School Policy Form

**Honesty, Responsibility, Caring, Respect**

**Attendance:** The summer school attendance policy will be strictly enforced. Students can miss **no more than 3 days** in any particular class before **losing credit**. Doctor’s notes will only be accepted in case of emergency to erase a tardy or absence and **no pre-approved absences will be granted** by any summer school staff. More than 5 absences, including doctor’s notes, will result in loss of credit.

**Loss of Credit:** Loss of credit may occur due to the following:
- Absent more than three days
- More than three (3) tardies (time will be made up during break/lunch as required)
- Three (3) discipline referrals in one class
- Any five referrals during the summer school session
- Expulsion
- Fighting (Loss of Credit May Occur)

**Fighting:** I will face the following consequences if I am involved in a fight:
- Out-of-school suspension, number of days determined by administration. This would also count against the student’s absences and may cause loss of credit.

**Tobacco:** I will face the following consequences for any activity involving the use, possession, or distribution or tobacco products:
- Cited if under 18, and five days (5) out-of-school suspension

**Drug and Alcohol:** I will face the following consequences for any activity involving drugs/alcohol:
- Automatic loss of credit, removal from summer school, and student will be referred to their Assistant Principal and Drug and Alcohol Counselor of their home school as per policy

**Weapons:** Expulsion (note: types considered according to district policy)

**Arson:** Expulsion and cited

**Discipline Referrals:** I will face the following consequences for discipline referrals.
- First referral – documented office visit
- Second referral – one day (1) out-of-school suspension and parent conference before return
- Third referral – loss of credit, removal from the class
- Any five referrals during the summer school session will result in removal from summer school.

**Inappropriate Dress:** Change clothes, sent home, suspension, or items confiscated

**Electronic devices:** These are used at the teacher discretion. Failure to comply with the rules of the classroom will result in a referral.

**Note:** All suspensions count against the student’s absences.

“I have read the West Ada School District Summer School Form and understand I am responsible for the information, rules, polices, attendance requirements and consequences as listed here and in the West Ada District policy.”

Grade: _______________ Print Full Name: _______________________________________________

Date: _______________ Student Signature: _____________________________________________

Date: _______________ Parent Signature: ______________________________________________
Race/Ethnicity Registration Form

Student Name: __________________________________________

Student ID: ____________________________________________

Please answer both Questions 1 and 2 by marking the appropriate boxes.

Question 1: Is the student Hispanic/Latino? (Choose only one)

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Question 2: What is the student’s race? (Choose ALL that apply)

☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, such as Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, and Vietnam.)

☐ Black or African American (A person having origins in any of the black racial groups of Africa.)

☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

☐ I choose not to provide this information and understand that the ethnic and racial categories will be selected on my behalf by a designated observer from the district.
West Ada - Student Health History

Name ___________________________________ Date of Birth __________________ Male ☐ Female ☐

Please check any health concerns that apply:

| ALLERGIES                                      | ☐ Student has allergies |
|                                               | ☐ Bee/insect sting: Describe Reaction |
|                                               | ☐ Medication Allergy |
|                                               | ☐ Food Allergy |
|                                               | ☐ Environmental Allergy |
|                                               | Describe Reaction |
|                                               | Describe Reaction |
|                                               | Describe Reaction |

| ASTHMA                                         | ☐ Student has Asthma |
| WHAT TRIGGERS                                  | ☐ Smoke |
| ASTHMA ATTACKS                                 | ☐ Exercise |
|                                               | ☐ Illness |
|                                               | ☐ Allergies |
|                                               | List asthma medication |

| ATTENTION DEFICIT DISORDER (ADD/ADHD)          | ☐ Student has ADHD or ADD |
|                                               | Treatment |

| EMOTIONAL/BEHAVIORAL CONCERNS                  | Student has emotional concerns |
|                                               | Diagnosis |
|                                               | Treatment |

| DIABETES                                       | Student has diabetes |
|                                               | ☐ Insulin Dependent |
|                                               | ☐ Non-Insulin Dependent |

| EATING/DIGESTION DISORDER                     | Student has eating or digestive disorder |
|                                               | Details |

| KIDNEY/BLADDER DISORDER                       | Student has a kidney or bladder disorder |
|                                               | Details |

| HEART DISORDER                                | Student has a heart disorder |
|                                               | Details |

| MUSCLE/JOINT/BONE DISORDER                    | Student has a disorder with muscles, joints, or bones |
|                                               | Details |

| VISION                                         | Student has a vision concern |
|                                               | Details |
|                                               | ☐ Contacts |
|                                               | ☐ Glasses |
|                                               | ☐ Vision Loss |
|                                               | ☐ Color Blindness |
|                                               | Other – Please specify: |
|                                               | Date of last exam |

| HEARING                                        | Student has a hearing disorder |
|                                               | ☐ Ear Infections |
|                                               | ☐ Tubes in ears |
|                                               | ☐ Hearing Aides |
|                                               | ☐ Speech Therapy |
|                                               | ☐ Hearing Loss |
|                                               | Details |

| HEADACHES/MIGRAINES                            | Student has significant headaches or migraines |
|                                               | Frequency |
|                                               | Treatment |
HEAD INJURY
Student had a previous head injury
□

Date ____________________

Severity ______________________________________________________________

SEIZURES
Student has seizures
□

Type ________________________________________________________________

Frequency ___________________________________________________________

Medication ___________________________________________________________

PAST SURGERIES
This student has had previous surgeries
□

Details _______________________________________________________________

PAST MAJOR ILLNESS/INJURY
Student had MAJOR past injuries or illnesses
□

Details _______________________________________________________________

MEDICATIONS
Student regularly takes medications
□

Student takes medications at home
□

Please list:

Student takes medications at school
□

Please list: ___________________________________________________________

If you suspect your child’s health condition is a disability that could substantially limit their learning or another major life activity, you may request a meeting with the school to evaluate if additional services or accommodations are needed. Please contact the school nurse to request this evaluation.

OTHER MEDICAL CONDITIONS OR LIMITING PHYSICAL DISORDERS
Does this student have other limiting conditions or physical disorders?
□

Details: _______________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Were there any concerns with the child’s health and/or development during pregnancy, delivery or infancy? If so, please explain.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Physician
Name __________________________________________ Phone ________________

Medications
My student may take
Acetaminophen/Tylenol (All grades) □ Yes / □ No

Ibuprofen/Advil (6th-12th gr. ONLY) □ Yes / □ No

Certification and Medical Consent
As the Legal Guardian of this student, I certify that the above information is accurate as of today’s date and consent to the treatment of our minor child by a medical physician or medical personnel at any hospital OR temporary treatment by a registered or licensed practical nurse or emergency medical technician until a medical physician can be obtained for any illness or injury to our minor child while on or adjacent to any school grounds of the West Ada School District. This consent shall include, but not be limited to, any surgery deemed required or desirable for immediate health and medical treatment of our child. This consent shall be effective only if none of the undersigned can be contacted or found by reasonable diligence at the time of the needed medical treatment. This consent shall terminate as soon as any of the undersigned are contacted, in which case further medical treatment can be done only with the consent of the person contacted. This consent shall be valid unless and until revoked in writing by one of the undersigned.

Today’s Date ____________________

Parent/Guardian Name _______________________________________________________

Parent/Guardian Signature ___________________________________________________

THIS PAGE MUST BE TURNED IN TO REGISTER FOR SUMMER SCHOOL
TO BE FILLED OUT BY YOUR SCHOOL COUNSELOR

Please mark the classes you need and submit with your Registration Form.

**Please note: Classes were created based on 2018 summer class sizes. If there needs to be a class added or dropped due to membership, we will notify you. First come, first served.**

- All classes depend on sufficient student enrollment.
- “A” stands for 1st semester, and the “B” stands for 2nd semester.
- **Courses will be cancelled if minimum class sizes are not reached.**
- All students will participate in a short session of PE daily.
- The bus will have one drop-off before Block 1. A bus will be picking students up after the second and third block for transportation if needed.

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<td>☐ English 8A</td>
<td>☐ English 8A</td>
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<td>☐ English 8B</td>
<td>☐ English 8B</td>
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<td>☐ Math 8A</td>
<td>☐ Math 8B</td>
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<tr>
<td>☐ Health (1st 3 weeks)</td>
<td>☐ World Geography (2nd 3 weeks)</td>
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<td>☐ Eng. Writing 7A</td>
<td>☐ Eng. Writing 7B</td>
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<td>☐ Eng. Literature 7A</td>
<td>☐ Eng. Literature 7B</td>
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<td>☐ Science 7A</td>
<td>☐ Science 7B</td>
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<td>☐ World Civ. 7A</td>
<td>☐ World Civ. 7B</td>
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<td>☐ Math 7A</td>
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<td>☐ Math 6A</td>
<td>☐ Math 6B</td>
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NOTE: Each class is 6 weeks and equals a semester. Except for Health (1st 3 weeks) & World Geography (2nd 3 weeks)

MATH ISAT TEST SCORE (2018 score, unless 2019 is available) __________

**YES**  **NO**

☐ ☐ Are you on an IEP or 504 plan?

(Attach copy of IEP, 504 or Behavior Plan to registration-summer school is an optional instructional program. Therefore, some accommodations/services may be limited)

☐ ☐ Are you an EL student? (Attach a copy of the student’s ELP)

☐ ☐ Are you “AT-RISK”? (If so, you MUST have a Qualification Form signed by a counselor.)

Counselor Signature: __________________________________________
West Ada School District Summer School 2019
At-Risk Student Qualification Checklist

Student Name: ___________________________  Grade: _______  Date: ____________

Address: _________________________________  City: _________  Zip: ____________

Parent/Guardian Name: _____________________  Work/Cell/Home Phone: __________

Email: ___________________________  Referring School: _______________

To qualify as “at-risk” and be enrolled, prospective students must meet criteria area A or B

<table>
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<tr>
<th>A</th>
<th>B</th>
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<tr>
<td>Student must meet at least <strong>three</strong> of these six criteria.</td>
<td>Students must meet at least <strong>one</strong> of these six criteria.</td>
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<tr>
<td>1</td>
<td>Has repeated at least one grade</td>
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<td>2</td>
<td>Has absenteeism that is greater than ten percent (10%) during preceding semester</td>
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<td>3</td>
<td>Has over-all GPA that is less than 1.5 (4.0 scale) prior to enrollment in alternative program</td>
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<td>4</td>
<td>Has failed one or more core subjects (English, speech, reading, science, or math)</td>
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<td>5</td>
<td>Is two or more semester credits per year behind rate required to graduate</td>
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<td>6</td>
<td>Is below proficient, based on local criteria and/or state standardized tests.</td>
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<td>7</td>
<td>Has attended three (3) or more schools within the previous two (2) years, not including duel enrollment.</td>
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School: _______________, I certify that this student is:

“At Risk” _______  Not “At Risk” _______

Name of Counselor: __________________________

Counselor Signature: __________________________