Summer School Packet (out of district)

2019 sessions offered at: Meridian Middle School

(Please note, due to construction on the MHS campus, high school summer school will be hosted at Meridian Middle School. Buses will still pick up/drop from West Ada high schools.)

<table>
<thead>
<tr>
<th>Summer 2019</th>
<th>First Session</th>
<th>Second Session</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration begins</td>
<td>March 1, 2019</td>
<td>March 1, 2019</td>
<td>At your student's high school</td>
</tr>
<tr>
<td>Registration ends</td>
<td>June 11, 2019- no registration will be accepted for first session after this date</td>
<td>July 9, 2019 - no registration will be accepted for second session after this date</td>
<td>Meridian Middle School 1507 W 8th St., Meridian 208-855-4225</td>
</tr>
<tr>
<td>Session start date</td>
<td>June 10, 2019</td>
<td>July 8, 2019</td>
<td>Meridian Middle School</td>
</tr>
<tr>
<td>Break Week</td>
<td>July 1-5, 2019</td>
<td>July 1-5, 2019</td>
<td>NO SCHOOL</td>
</tr>
<tr>
<td>Session end date</td>
<td>June 28, 2019</td>
<td>July 26, 2019</td>
<td></td>
</tr>
<tr>
<td>Final Exams</td>
<td>June 28, 2019</td>
<td>July 26, 2019</td>
<td>Finals given from 7:45-10:15</td>
</tr>
<tr>
<td>Senior project</td>
<td>July 19, 2019</td>
<td>2nd round July 22, 2019</td>
<td></td>
</tr>
</tbody>
</table>

*Students needing multiple credits should enroll for both sessions at the same time.*

**Contact information**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal (1st half)</td>
<td>Rachel Edwards</td>
<td><a href="mailto:Edwards.rachel@westada.org">Edwards.rachel@westada.org</a></td>
</tr>
<tr>
<td>Principal (2nd half)</td>
<td>Angela Edde</td>
<td><a href="mailto:Edde.angela@westada.org">Edde.angela@westada.org</a></td>
</tr>
<tr>
<td>Asst. Principal</td>
<td>Kristen Haener</td>
<td><a href="mailto:Haener.kristen@westada.org">Haener.kristen@westada.org</a></td>
</tr>
<tr>
<td>Secretary</td>
<td>Lori Mundy</td>
<td><a href="mailto:Mundy.lori@westada.org">Mundy.lori@westada.org</a></td>
</tr>
<tr>
<td>Counselor (1st half)</td>
<td>Katy Funderburg</td>
<td><a href="mailto:Funderburg.katy@westada.org">Funderburg.katy@westada.org</a></td>
</tr>
<tr>
<td>Counselor (2nd half)</td>
<td>Aubrey Moore</td>
<td><a href="mailto:Moore.aubrey@westada.org">Moore.aubrey@westada.org</a></td>
</tr>
</tbody>
</table>

**Class times**

| Class period one       | 7:45 am-10:15 am    |
| Break                  | 10:15 am-10:25 am   |
| Class period two       | 10:30 am-1:00 pm    |
| Lunch (free lunch provided to all students) | 1:00 pm-1:25 pm |
| Class period three     | 1:30 pm-4:00 pm     |

*PowerSchool: [https://ps-summer.westada.org/public/](https://ps-summer.westada.org/public/) use your same sign in credentials for regular PowerSchool access.*
Payment options: Please turn in form and method of payment to Mountain View High School, no later than 3 pm daily. Consult with counselor before paying, you may not have to.

1) **Online**: [https://meridianschools.revtrak.net](https://meridianschools.revtrak.net). Please scroll down to Summer School 2019 icon, complete payment options. Print receipt and attach to registration form. A small convenience fee is assessed by web host.
2) **Check**: Complete registration information and attach check.
3) **Cash**: If paying with cash you will need to bring completed registration form (signed by counselor from your school) to Mountain View HS. We cannot process incomplete paperwork, please be sure your counselor has signed off on all required forms.

Course fees are $90.00 for students who attend schools out of district.

Bus fees are $60.00 for one way or round trip and pick up/drop off from Eagle, Centennial, Meridian, Mountain View and Rocky Mountain. (Busing not available to out of district students).

REFUNDS will be given until the end of the first day. A 50% refund will be given the second and third days of class. No refunds will be granted after the third day of class. Convenience fees cannot be returned.

**Attendance Policy:** The West Ada Summer School program is an intense, condensed time frame that requires regular attendance. Attendance is key and the summer school attendance policy will be strictly enforced. Activities such as summer camps, vacations, and reunions will **not be** excused. If you cannot meet the requirement, it is recommended you seek an on-line option. **Students who are absent more than three (3) periods in any particular class will lose credit in that class.** Most classes are two (2) periods per day. Doctor’s notes and other extraordinary absence documentation will be reviewed on a case by case basis and may be considered an “excused absence”, however, course requirements will not be modified to accommodate student absences. More than five (5) absences, including doctor’s notes and other extraordinary absences, will result in loss of credit. See the High School Handbook (page 9-10) for a complete list of Extraordinary Absences.

Please note:

- Students missing 20 minutes of class (either by arriving late or leaving early) will be marked with ½ period absence.
- Students missing 1 hour of class (either by arriving late or leaving early) will be marked absent the entire period.

**3 Week Session Students:**

- Students registered for 3 week classes will only be allowed to miss **three class periods**, NOT THREE DAYS.
- Most **Courses are taken in a block of 2 periods for three weeks. The only classes offered 3**³ Period will be: Speech, Econ, Global Perspectives, Health, and PE (these courses are 1 period/day for the entire 6 week session).

**Lunch:** A free lunch will be provided in the MMS cafeteria. If students opt to receive the free lunch, they must remain in the cafeteria until they are finished eating as per federal guidelines. Students may bring their own food or leave campus to get food.

**Grades:** Grades are available by logging into Power School. 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” and applied to transcripts by the Home
High School registrars.

**BUS SCHEDULE:** Plan to be at your home high school no later than 7:00am (Centennial HS, Eagle HS, Meridian HS, Mountain View HS and Rocky Mountain HS). Buses will leave Meridian Middle School to return students to pick up location at 1:25 pm and at the end of the school day, 4:00pm.

**Final Exams:** Finals will be held on the last day of class. **No early finals will be given.** Finals must be taken at scheduled times. Summer school finals will be given June 28th from 7:45-10:15 and July 26th from 7:45-10:45. 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. **Please look at the schedule above and plan all trips, including 4th of July plans, to ensure you can attend all schedule classes to meet the required attendance policy. If you cannot meet the required attendance or are unable to attend the final day of class to take the final exams, please DO NOT sign up for summer school classes.**

**Course Offerings:** All course offerings are tentative. Classes with fewer than 15 students may be canceled. It is important that students consult their counselor regarding their choice of classes so they can fulfill graduation requirements. Please take time to make sure that no mistakes are made on the registration form to ensure proper class placement and credit. If you are scheduled for a class that is cancelled, the summer school staff will contact you to let you know.

**Senior Project:** Students who wish to complete the district Sr. Project requirement during Summer School need to refer to the Sr. Project sheet attached to this application. All students signing up for senior project must have counselor approval. Students will be required to attend three blocks (all day) for the entire 6 weeks. A mandatory lab component is assigned to each student; however, you need only pay for 2 credits (English 12 and Gov.)

**CLASS SCHEDULES:** Class schedules will be posted at Meridian Middle School on the Friday before the session starts after 6pm on the windows outside the main office. Classes will be posted by subjects. If you cannot check your schedule until the first day of class, please arrive early to allow time to check your schedule and arrive to class on time.

**Student/Parent PowerSchool Summer School Access:**

Here is the link for Summer School Access to PowerSchool: [https://ps-summer.westada.org/public/](https://ps-summer.westada.org/public/)

Parents and students can use their regular PowerSchool sign on to access their Grades, Schedule, Teachers, Classroom Number and more.

**Please note that even though you will use the same sign in credentials, PowerSchool for Summer School is NOT the same PowerSchool used during the regular school year.**

*If you do not have a PowerSchool account, please contact the Summer School Secretary at Meridian Middle School.*
Senior Project (Summer School)-6 Weeks

Beginning the summer of 2019, students should select the senior project path that aligns with their home high school unless they are looking to graduate early. Please note, if you select a path not aligned with your home high school, you will likely need to complete the project again at your home high school.

Prerequisite:

- Senior status (successful completion of junior classes)
- Proficient scores on ISAT
- English 11B- C or above

English 12A (MHS, CHS)  Government A  *Senior Project Block (A not for credit lab required of all students due to compact nature of the class. No additional fee is required for the lab.)

English 12B (EHS, MVHS, RMHS)  Government B  *Senior Project Block (A not for credit lab required of all students due to compact nature of the class. No additional fee is required for the lab.)

Students who plan on completing their Sr. Project during Summer School will be required to have all of the above pre-requisites met prior to the start of the summer session. All students must take all three blocks (English 12B, Government B and Senior Project Block).

All students doing their Sr. Project in the summer must attend all three classes.
SUMMER SCHOOL REGISTRATION FORM

Last Name (print neatly) ____________________________ First _______ Nickname/Middle ____________

Street Address (print neatly) ________________________________________________________________

City ___________________________ Zip Code ________________

Student Powerschool ID #_________________________ Student State ID #________________________

D.O.B. _____________________________ Gender: Male______ Female______

Mother Name _____________________________ Home/Cell#: ______________________________________

Father Name _______________________________ Home/Cell ______________________________________

Grade in School Next Year __________________

Home High School (this is where your grades will be sent) ______________________________________

Signing up for the BUS? YES NO

($60.00 fee for bus. Please understand, students may NOT remain on campus if they do not have a class.)

I want the bus to pick me up at: RMHS _____ EHS _____ CHS _____ MHS _____ MVHS _____

I have read & understand the refund policy ________________________________ (parent signature)

$80 per class for In-District (WASD) students ________

$90 per class for non-WASD students ________

$60 Bus (cost is same for one way or round trip) ________

Total Fees ________

*Payment/proof of on-line payment must be turned in/attached to packet*

FOR OFFICE USE ONLY

Date Paid _________ Receipt #_________ Cash $ __________ Check $ __________ Check # __________
**THIS PAGE MUST BE TURNED IN TO REGISTER FOR SUMMER SCHOOL**

Place an "X" in the box next to the class or classes you want to sign up for.

<table>
<thead>
<tr>
<th>June 10 - June 29</th>
<th>July 9 – July 27</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First 3 Week Session:</strong></td>
<td><strong>Second 3 Week Session:</strong></td>
</tr>
<tr>
<td>7:45am-1:00pm</td>
<td>7:45am-1:00pm</td>
</tr>
<tr>
<td>Select ONE of the following courses:</td>
<td>Select ONE of the following courses:</td>
</tr>
<tr>
<td>Biology A</td>
<td>Biology B</td>
</tr>
<tr>
<td>High School Math I A</td>
<td>High School Math I B</td>
</tr>
<tr>
<td>High School Math II A</td>
<td>High School Math II B</td>
</tr>
<tr>
<td>Earth Science A</td>
<td>Earth Science B</td>
</tr>
<tr>
<td>English 9 A</td>
<td>English 9 B</td>
</tr>
<tr>
<td>English 10 A</td>
<td>English 10 B</td>
</tr>
<tr>
<td>English 11 A</td>
<td>English 11B</td>
</tr>
<tr>
<td>US History 10 A</td>
<td>US History 10 B</td>
</tr>
<tr>
<td>US History 11 A</td>
<td>US History 11B</td>
</tr>
</tbody>
</table>

**6 week courses (June 10-July 27)**

These courses will run the entire 6 weeks and only during the 3rd Block (1:30-4pm)

- Economics
- Global Perspectives
- Physical Education-NO LONGER AVAILABLE
- Speech
- Health

Senior Project is full at this time

All courses **REQUIRE** a counselor’s signature (particularly those seeking to complete senior project).

**Counselor Signature:** ____________________________________________________________

Counselor, please choose 2 alternates for your student to take if class is full or not offered.

Alt 1: ___________________________________  Alt 2: ___________________________________

☐ Is student on an IEP or 504 plan? *(Attach copy of IEP or 504 to registration)*

☐ Is student an ELL student? (Attach EL accommodations if appropriate).

☐ Is student “AT-RISK” – Counselor must attach signed **Qualification Form**.

☐ Student meets over-load criteria for Fast Forward. **Counselor Initials**

* Failure to follow through with Fast Forward requirements will result in student/parent being responsible for payment*

**THIS PAGE MUST BE TURNED IN TO REGISTER FOR SUMMER SCHOOL**
## West Ada School District Summer School
### At-Risk Student Qualification Checklist

Student Name: ________________________________________________ Grade: ______

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>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student must meet at least three of these six criteria.</td>
<td>Students must meet at least one of these six criteria.</td>
</tr>
<tr>
<td>1 Has repeated at least one grade</td>
<td>1 Has substance abuse and/or behavior problems</td>
</tr>
<tr>
<td>2 Has absenteeism that is greater than ten percent (10%)</td>
<td>2 Is pregnant or is a parent</td>
</tr>
<tr>
<td>(10%) during preceding semester</td>
<td></td>
</tr>
<tr>
<td>3 Has over-all GPA that is less than 1.5 (4.0 scale)</td>
<td>3 Is an emancipated or unaccompanied youth.</td>
</tr>
<tr>
<td>prior to enrollment in alternative program</td>
<td></td>
</tr>
<tr>
<td>4 Has failed one or more core subjects (English, speech, reading,</td>
<td>4 Is previously drop-out, voluntary or involuntary</td>
</tr>
<tr>
<td>reading, science, or math)</td>
<td></td>
</tr>
<tr>
<td>5 Is two or more semester credits per year behind rate</td>
<td>5 Court or Agency referral</td>
</tr>
<tr>
<td>required to graduate</td>
<td></td>
</tr>
<tr>
<td>6 Is below proficient, based on local criteria and/or state</td>
<td>6 Has serious personal, emotional, or medical issue(s).</td>
</tr>
<tr>
<td>standardized tests.</td>
<td></td>
</tr>
<tr>
<td>7 Has attended three (3) or more schools within the previous two</td>
<td>7 Demonstrates behavior that is detrimental to their academic</td>
</tr>
<tr>
<td>(2) years, not including dual enrollment.</td>
<td>progress.</td>
</tr>
</tbody>
</table>

School: ___________________________ I certify that this student is: “At Risk” _______ Not “At Risk” _______

Name of Counselor: ___________________________ Counselor Signature: ___________________________

**THIS PAGE MUST BE TURNED IN TO REGISTER FOR SUMMER SCHOOL**
West Ada School District Summer School Policy Form

Honesty, Responsibility, Caring, Respect

Signatures indicate you have read and understand the policy and consequences as listed here and in the West Ada District policy.

Grade: ___________________ Print Student’s Full Name: ____________________________________________

Student Signature: ___________________________________________ Date: __________________________

Parent Signature: _____________________________________________ Date: __________________________

Attendance: The summer school attendance policy will be strictly enforced. Students can miss no more than three (3) class periods and have no more than 3 tardies 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.

Please note:
- Students missing 20 minutes of class (either by arriving late or leaving early) will be marked with ½ period absence.
- Students missing 1 hour of class (either by arriving late or leaving early) will be marked absent the entire period.

Loss of Credit: I will lose credit if one of the following occurs:

1. Absent more than three (3) periods.

*** I have read & understand the attendance policy _____ (parent initials)***

2. More than three (3) tardies
3. Three (3) discipline referrals in one class
4. Expulsion
5. Fighting (Loss of Credit May Occur)

Fighting: I will face the following consequences if I am involved in a fight:

1. Two days (2) out-of-school suspension. 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:

1. Cited if under 18, and three days (3) 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.

1. First referral – documented office visit
2. Second referral – one day (1) out-of-school suspension and parent conference before return
3. Third referral – loss of credit, removal from the class
4. 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.

THIS PAGE MUST BE TURNED IN TO REGISTER FOR SUMMER SCHOOL
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.
Out of District Students ONLY

The following forms and immunization records must be filled out by ALL students that are coming to summer school from OUTSIDE the West Ada School District:

- **Student Health History**
- **Medical Consent**
- A copy of your completed immunization records *(with proof of the required immunizations)* needs to be submitted with your Registration Packet.

Out of District Students: Please continue in the Registration Packet and fill out the Student Health History and Medical Consent forms.

Students who are coming to summer school from a West Ada School do not have to fill the following forms out.
WEST ADA SUMMER SCHOOL
OUT OF DISTRICT STUDENT INFORMATION

STUDENT HEALTH HISTORY

STUDENT’S NAME ___________________________ DATE ________________________

THIS INFORMATION WILL BECOME PART OF YOUR STUDENT’S EDUCATIONAL RECORD AND MAY BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL FOR EDUCATIONAL OR SAFETY PURPOSES.

PREGNANCY: Were there any problems during pregnancy, birth, or shortly thereafter? Yes □ No □
If yes, please explain_______________________________________________________________
Was this child premature? Yes □ No □ If yes, how many ___ weeks? Birth ___ weight ________

MILESTONES: At what age did your child begin to: ______ crawl ______ walk ______ talk ________

PLEASE CHECK ANY HEALTH CONCERNS THAT APPLY:

☐ ALLERGIES:
☐ Bee/insect sting: __________________ Describe reaction______________________________
☐ Medication ______ Describe __________________ reaction___________________________
☐ Food ______ Describe __________________ reaction_______________________________
☐ Environmental ______ Describe __________________ reaction________________________

☐ ASTHMA: What starts an attack? □ exercise □ colds □ allergies
☐ smoke □ other______________________________ List asthma medications___________________________

☐ ATTENTION DEFICIT DISORDER (ADD/ADHD): treatment__________________________

☐ EMOTIONAL/BEHAVIORAL CONCERNS:
DIAGNOSIS: __________________ treatment__________________________

☐ DIABETES □ insulin dependent □ non-insulin dependent
☐ EATING/DIGESTION PROBLEMS
☐ KIDNEY/BLADDER PROBLEMS
☐ HEART PROBLEMS
☐ MUSCLE/JOINT/BONE PROBLEMS
☐ VISION: □ contacts □ glasses □ vision loss □ color blind □ other
Date of Last Exam __________________

☐ HEARING: □ hearing loss, describe________________________
☐ frequent ear infections ______________ tubes in ears, which ______ ear? ______ age________
☐ speech therapy □ hearing aids

☐ HEADACHES/MIGRAINES: __________________ frequency ______ treatment_________________________

☐ HEAD INJURY: ___________________ date ______ severity________

☐ SEIZURES: ___________________ type ______ frequency ______ medication________________________

☐ PAST SURGERIES

☐ PAST MAJOR ILLNESS/INJURY

☐ MEDICATIONS: □ taken at home
☐ taken at school

☐ OTHER MEDICAL CONDITIONS OR LIMITING PHYSICAL DISORDERS

SIBLINGS LIVING AT HOME:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Grade</th>
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<tbody>
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</table>
We hereby 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 Joint School District No. 2. 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.

__________________________
Parent/Guardian Signature

Today’s Date________________________ Current Grade__________ M ☐ F ☐

My student may take:
Acetaminophen/Tylenol (All grades)    Yes ☐ No ☐
Ibuprofen/Advil (6th-12th gr. ONLY) Yes ☐ No ☐

NAME OF _______________ STUDENT __ Birth____________ Date __

Address __________________________

Home Phone__________________ Parent Cell Phone(s)____________________

Father’s Name__________________ Employer ______________ Work Phone __________

Mother’s Name__________________ Employer ______________ Work Phone __________

Student Lives With________________________ □Mom □Dad □Guardian

Physician________________________ Phone________________________

Emergency Contacts:
1. _______________________ Relationship _______________ Phone ______________

2. _______________________ Relationship _______________ Phone ______________

3. _______________________ Relationship _______________ Phone ______________