



Adult & Community Education Services

SUMMER SCHOOL 2017 - HIGH SCHOOL HEAD START

Wednesday, July 5 to Friday, July 21, 2017 ♦ 8:30am – 2:10pm

A FREE SUMMER PROGRAM FOR CURRENT GRADE 8 STUDENTS GOING INTO GRADE 9 IN SEPTEMBER 2017

The "High School Head Start" program will provide an experience to help students currently in Grade 8 prepare for Grade 9. At the end of the program, a progress report is mailed home with a copy sent to the student's day school. The report highlights the focus of the Summer School curriculum in Language, Mathematics and Skills for School Success and provides some indication of the benefits of the Summer School program for the student.

Parent/Guardians please submit completed application to your child's elementary school by Friday June 23, 2017

Student Registration

PLEASE PRINT USING BLACK OR BLUE PEN ONLY

OEN #: _____
Last Name: _____ First Name: _____
Address: _____ City: _____
APT/UNIT/P.O. Box: _____ Postal Code: _____
Home #: (____) _____ Cell #: (____) _____
Gender: MALE FEMALE Date of Birth: _____
Language First Spoken: _____ Status in Canada: _____
Medical Condition (if applicable): _____

EMERGENCY CONTACT INFORMATION

Name (First & Last): _____ Relationship to Student: _____
Home #: (____) _____ Cell #: (____) _____ Work#: (____) _____
Current Elementary School 2016/2017 (Grade 8): _____
Secondary School for September 2017 (Grade 9): _____

PLEASE CHOOSE ONE SUMMER SCHOOL SITE

- Westlane Secondary 5960 Pitton Rd. Niagara Falls
 Quaker Road Public 333 Quaker Road, Welland
 Laura Secord 349 Niagara Street St. Catharines

How did you hear about "High School Head Start" program?
 School/Teacher/Principal Posters Direct Mailing Other: _____
 Internet (website) Social Media (facebook, twitter)

For parents to receive a letter outlining information about the program including schedule information, supplies needed, transportation, first day procedures etc.. please provide your email address below to receive the letter via email. The letter will be available to from our website at www.dsb.org/summer by June 30th click on the High School Head Start program information

Parent e-mail: _____

Parent/Guardian's Signature: _____ Date: YY/ MM/DD

Please see reverse side for school information to be completed by your child's Teacher and Principal

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TEACHER RECOMMENDATIONS

- The following checklist of information must be completed on each student as a condition of admission to the program
- Please indicate program areas of concern before sending this form to the Adult & Community Education Services office.

MATHEMATICS	<input checked="" type="checkbox"/>	LANGUAGE	<input checked="" type="checkbox"/>
Number Sense and Numeration		Writing: Proofreading/revising/editing	
Measurement		Writing: Conventions (grammar, spelling)	
Geometry and Spatial Sense		Writing: Organization & Communication of ideas, structure & style	
Patterning and Algebra		Reading: Reading Comprehension	
Data Management and Probability		Reading: Retelling/Responding to literature	
		Oral & Visual Communication: Listening	
		Expression of ideas	

Please outline (on a separate sheet if necessary) any additional and/or supportive information regarding learning styles and/or work habits that may be relevant to assist the Summer School Teacher in meeting needs of individual students.

Attached is a copy of the current school year report cards
 Attached is a copy of the Individual Education Plan (if available)

Does the student require use of SEA equipment? Circle Y or N LRT Contact (for SEA arrangements): _____

*If yes, please email Tracey Krysa to arrange a SEA equipment transfer.

Teacher's Name: _____ (Please Print)
 Teacher's Signature: _____

Principal's Name: _____ (Please Print)
 Principal's Signature: _____

Date: _____

The Home School Principal is required to recommend any student wishing to attend Summer School.

Schools please submit completed registration by Friday June 23, 2017 and send using one method only to:

Courier/Mail: Adult & Community Education, Attention: Kelly Levesque, 535 Lake Street, St. Catharines, ON L2N 4H7

Fax: (905) 646-7042 Attention Kelly Levesque

DO NOT send registrations by email for this program – send only using Board Courier or Fax