



WELCOME TO THE DOGHOUSE CLASS OF 2021!

Garfield High School INVITES you to

Bulldog Summer Academy

- When will it happen?** July 10 – August 4, Mon-Fri, 8:00am-1:00pm.
NO MAKE-UP DAYS, SO YOU MUST COMMIT TO ATTEND FULL 4 WEEKS FOR CREDIT
- Where will this happen?** Garfield High School – a great opportunity to get to know your new school and new classmates!
- What's in it for you?** Credit! .5 elective credit will be earned by putting in 95 hours, giving you a jump start on graduation requirements.
- What's the cost?** FREE! Please bring a pencil and pen with you and we will provide a notebook.
- What happens each day?** **Monday – Friday** = classes taught by Garfield Teachers and University of Washington Professors. You'll participate in a STEM (Science, Technology, Engineering, and Mathematics) block as well as Humanities (Language Arts and Social Studies) block. Along with these classes you will become engaged with UW's Teacher Education students in a variety of exciting activities including a college visit to the University of Washington!
- What will you learn?**
- 1) How to handle rigorous courses in an academic environment and survive!
 - 2) How to set study & learning goals.
 - 3) Garfield's school culture –a jump start for feeling comfortable next year by interacting with staff and navigating your way around the building.
- Excited yet? Then...** **Commit as soon as possible!**
Complete the information sheet (attached).
Mail or drop it off at Garfield High School by June 26th

*EVERYONE in the class of 2021 is encouraged to participate.
Get a Jump Start on your next four years!*

COMMITMENT DEADLINE June 26, 2017

(must be postmarked or delivered to the main office at GHS by this date)

400 23rd Ave, Seattle WA 98122

ATTN: Meghan S. Griffin/Summer Academy

Application also available on the Garfield High School Website



YES! I'M COMMITTED!

BULLDOG SUMMER ACADEMY PROGRAM

July 2017

GARFIELD HIGH SCHOOL

REGISTRANT INFORMATION

Student Full Name:				Today's Date:	
<i>Last</i>		<i>First</i>	<i>M.I.</i>		
Address:					
<i>Street Address</i>			<i>Apartment/Unit #</i>		
			<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Home Phone:	()	Student E-mail Address:			
Student Cell Phone:		Date of Birth:		Ethnicity:	

PARENT/GUARDIAN INFORMATION

Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Cell Phone:		Email:

Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Cell Phone:		Email:

EDUCATION

Middle School:					
From:		To:		Middle School GPA:	

PERSONAL QUESTIONS – please fill out the following questions

1. What is your current **math** class?
3. What is your current **science** class?

2. Do you have an **IEP** or **504**? What areas do you qualify for these services and what are your accommodations (please attach a copy if possible)?

3. Are you **ELL** eligible?



SEATTLE PUBLIC SCHOOLS – Garfield High School
INFORMED CONSENT / PERMISSION TO PARTICIPATE
2017 Bulldog Summer Academy Program

As parent or guardian of a student requesting to voluntarily participate in the Summer Academy Program enrichment activities, I hereby acknowledge that I have read, understood and agreed to the following:

1. I acknowledge that this activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis or death to my child, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I have a full understanding of the risks associated with this activity and voluntarily choose to encounter that risk and permit my child to participate. I have been made aware of the field trip itinerary and understand that the Seattle School District will make reasonable efforts to provide a safe environment. The risks include, among other things: hitting stationary objects or vehicle accident while transporting to and from the trip. **(Parent/Guardian Initial)** _____
2. I certify that I have medical insurance to cover any injury that may be sustained by my child and/or have purchased student accident insurance for my child. I agree to bear the costs of any/all medical bills and any/all damages that may be caused by my child during these activities. **(Parent/Guardian Initial)** _____
3. I further certify that my child has no medical or physical conditions that could interfere with his/her safety in these activities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. **(Parent/Guardian Initial)** _____
4. I understand that transportation for these activities will be provided by:
 - District bus/vehicle or Metro bus **(Parent/Guardian Initial)** _____

As parent/guardian, I hereby give my permission for my student, _____, who attends *Garfield High School*, to participate in all Summer Bridge Program enrichment activities.

Student's address: _____ City _____ Zip _____

Student's home phone #: () _____ Date of birth: ____/____/____

Family Physician: _____ Phone #: () _____

Medical conditions, (including **all** allergies), and medication information the District should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone #: () _____

I authorize a qualified physician/surgeon to examine and in the event of injury or serious illness administer emergency care to the above named student. I understand every reasonable effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, I agree that neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, or illness. **I allow my child to participate in the above activities and agree to assume the risk for/to my child that accompanies these activities.**

Signature of parent/guardian *Date* () _____ *Work phone* () _____ *Home phone*

School Administrator (signature): _____



UNIVERSITY OF WASHINGTON

SEATTLE, WASHINGTON 98195-3600



Date: July, 2017

Dear Garfield High School Summer Academy Students and Families:

This letter is to provide you notice that students at Garfield High School Summer Academy may be photographed and/or videotaped by a University of Washington teacher candidate. The purpose of the photographs and videos is to support candidates' learning and preparation to become certified teachers during the course of the 2017-2018 school year. Video may also be used for the education of future teacher candidates and to improve teacher preparation at the University of Washington.

Video will also be used for the state-mandated Teacher Performance Assessment (edTPA). All teachers certified in Washington must take this national assessment. Video will be kept secure and only be accessible for assessment and learning purposes.

Please sign and return this form telling us whether your child *may* or *may not* be videotaped participating in classroom activities used for candidate learning, performance assessment, and program improvement purposes.

Sincerely,

Anne Beitlers, Ph.D., Director, Secondary Teacher Education

Morena Newton, Lead Coach, Secondary Teacher Education Program

College of Education, University of Washington

My child **may**: be videotaped participating in classroom activities.

My child **may not** be videotaped participating in classroom activities.

SUMMER ACADEMY 2017 - GARFIELD HIGH SCHOOL

PRINT Child's full name

PRINT Parent/Guardian's full name

Parent/Guardian's signature

Date