BMHS Parents,

WELCOME!

Welcome to Brien McMahon High School and the Freshman Summer Academy. Rising 9th graders are invited to participate in a 5-week summer program courtesy of the Carver Center.

**IMPORTANT INFORMATION**

**Summer Academy Numbers and Dates**

- **100** Number of Academy Students Accepted
- **05** Number of Days in Academy
- **$100** Registration fee for the entire 5-week program. Fee is non-refundable upon entry into the program.
- **24th** Registration forms, $100 fee, and applications will be due by May 24th, 2020 deadline
- **100%** Perfect attendance and punctuality are expected of every student participating in the camp

**Why should my child participate in this 5-week program?**

Research suggests that the most difficult transition point in education is from middle to high school. Navigating a larger environment, excelling in rigorous courses, meeting graduation requirements, and juggling competing priorities can be quite challenging. The Freshman Summer Academy will be the necessary bridge into high school.

**What will my child be working on in Academy?**

Students enrolling in the program will participate in rigorous and student-driven academic courses, learn vital communication and team-work skills in House (the school’s advisory program), foster an interest in free-choice reading, and take weekly field trips to enhance team-building and promote academic goal setting. Breakfast and lunch are also provided for free each day.

**Is transportation provided?**

Yes! Student who qualify for transportation during the school year will be provided transportation to and from Brien McMahon High School. We also have students who walk and/or have a parent drop them off or pick them up before and after school.
This course will emphasize the model of process over product to develop communication skills needed for success in future English courses. Students will write and present three speeches, each dealing with a different type of writing genre: expository, persuasive, and informative. Before each presentation, for each speech, a class winner will be elected and celebrated during whole-camp celebration days.

During this course, students will be challenged with a new problem-solving activity each class. Each activity progressively increases in difficulty throughout the summer and works on unique skills specific to the school-wide Problem-Solving Rubric. Students reflect daily on group communication and individual issues regarding their struggles working with peers.

This course will follow an extremely individualized approach of teaching math aimed at SAT development. Students will first be assessed on incoming Algebra skills. Based on each individual test, students will be provided with information regarding their personal strengths and weaknesses in Algebra. From there, students complete work at their skill level, differentiated by the teacher on a student by student basis.

Students will work on the scientific method, by mimicking and modeling the experimental design of scientific research. Students complete a culminating project that requires nutritional based investigation and analysis of various food labels. Students then learn to communicate that information in a scientific manor using a graphing system.

A student favorite, this course aims to provide students with preparation for success outside of the intellectual, academic demands of high school. In this class, students self-reflect upon their understandings of themselves and their individual needs as future students, study the college process, and work on important organizational and school-specific skills (i.e. logging on to PowerSchool to check grades or color-coding binders).

This research course aims to supplement the Problem-Solving and Communication courses. During this time, students will work on the basic skills necessary to complete important and realistic research in high school.
DEMOGRAPHIC INFORMATION
Student Last Name: _____________________________ First Name: _____________________________
DOB: _____/_____/_____ Age _____ Gender: M_____ F_____ School ID, or SASID number: ________________________________
Address: __________________________________________________________________________________
                Street                                City                        Zip

CURRENT MIDDLE SCHOOL
_______Ponus Ridge MS _______Roton MS _______Other:___________________________________

BUS SERVICE (using the address above)
_______My child will require bus service to and from the program.
_______My child will not require bus service to and from the program.
-Bus stops for this program are subject to change for the summer.
    Please provide your child's current bus stop information—street, or intersection________________________________________________

PARENT/GUARDIAN CONTACT INFO
Name____________________________________________________ Relation to student: ______________
Address: _________________________________________________________________________________
                Street                                City                        Zip
Home (_____) ___________________ Cell (_____) ___________________ Work (_____) ___________________

Email Address_____________________________________________________________________________

PARENT/GUARDIAN CONTACT INFO (please note if information is the same as above)
Name____________________________________________________ Relation to student: ______________
Address: _________________________________________________________________________________
                Street                                City                        Zip
Home (_____) ___________________ Cell (_____) ___________________ Work (_____) ___________________

Email Address_____________________________________________________________________________
EMERGENCY CONTACT INFO (Other than parent/guardian)
In case of serious illness or injury, the student’s parent or legal guardian will be contacted. If a parent cannot be reached, the BMHS Freshmen Success Summer Academy may contract the emergency contacts listed below.

Contact #1:
Name: _________________________________________________ Relation to student: _________________
Home (_____) ___________________ Cell ( _____) ___________________ Work (_____) ___________________

Contact #2:
Name: _________________________________________________ Relation to student: _________________
Home (_____) ___________________ Cell ( _____) ___________________ Work (_____) ___________________

MEDICAL INFORMATION
Complete all parts of the form.

Physician __________________________________________________________________ Phone (_____) ___________________
Name of Practice: ____________________________________________________________________________________________
Address: __________________________________________________________________________________________________
Street                    City    Zip

ALLERGIES (if none, write “none”) ________________________________________________________________________________

MEDICATION (if none, write “none”) ________________________________________________________________________________

MEDICAL CONDITIONS (if none, write “none”) ______________________________________________________________________

DATE of LAST DIPHTHERIA/TETANUS BOOSTER: __________/________/________

Students in this program have the opportunity to participate in several field trips (see the “School Permission Slip Form” for details). When the student is on a field trip please indicate how/if the above listed allergies, medications and/or conditions might impact my child’s ability to participate:

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I give permission for my child to self-administer: Acetaminophen and/or Ibuprofen during these trips. Please initial one or both:

_________ Acetaminophen           _________ Ibuprofen
TRIP/ACTIVITY FORM

My child has my permission to participate in the summer program field trip(s) to (check all that apply): Please note there is a mandatory $100 trip and transportation fee for all students due by June 24th

- College/University Visit
  Off campus field trip – Details TBD

- NYC
  Off campus field trip – Details TBD

- SCIENCE Museum
  Off campus field trip – Details TBD

- Lake Compounce, Bristol, CT
  Off campus field trip – Details TBD

WRITTEN PARENT CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION FORM

Carver Foundation of Norwalk, Inc.
Serving the Community since 1938
7 Academy Street, Norwalk, CT 06850
Telephone 203/838-4305
Fax 203/838-4197

My child is currently enrolled in a summer program in partnership with Brien McMahon High School and the Carver Foundation of Norwalk, Inc. Information regarding your child’s past performance will be used to help them plan for high school courses, attendance expectations, and potential post-secondary opportunities.

Teacher: Brien McMahon Summer Academy Teachers
School Name and Address: Brien McMahon High School, 300 Highland Avenue, Norwalk, CT 06854

Initial all that apply:

- School Performance Report from Teacher
- Standardized Test Scores
- Transcript and Cumulative Record Data
- Other (as specified) _______________________

PHOTOGRAPHY AUTHORIZATION FORM

I ________________________________ hereby give permission to the Carver Foundation of Norwalk, Inc. to authorize photography of me (or my child) ________________________________ as deemed appropriate for education, scientific, or news media purposes.
PERMISSION FORM

PLEASE INITIAL NEXT TO EACH OF THE STATEMENTS BELOW TO GIVE PERMISSION FOR EACH PART OF THE APPLICATION

EMERGENCY FORM:

___________ In the event of a medical emergency or illness, I hereby authorize the BMHS Freshmen Summer Success Academy personnel to provide first aid, and/or to request medical treatment and transportation to a hospital. Any hospital or emergency medical personnel are authorized to provide treatment to my child of such nature as they deem appropriate and to consult with the physician listed in the Medical Information section of this document.

FIELD TRIP FORM:

___________ I approve my son or daughter’s participation in the trips and activities I have indicated on the “Trip/Activity Form”

___________ My son or daughter agrees to be cooperative and responsible while participating on the trip. All participants must be aware that all school rules and policies continue in place during the trip. Discipline will be administered to those students who are in violation of any school rule. In an extreme case of rule infraction, parents or legal guardians will be contacted immediately to make arrangements to pick up their son or daughter from the school trip location and assume all expenses involved.

WRITTEN PARENT CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION FOR:

___________ I hereby request the Public Schools to release the confidential information I have initialed in the Transfer of Confidential Information section of this document to The Carver Foundation of Norwalk, Inc., staff regarding my child.

PHOTOGRAPHY AUTHORIZATION FORM:

___________ I authorize and consent to the use of photographs, films or video tape recordings in an educational program, publication or electronic medium, and release the Carver Foundations of Norwalk, Inc. from and responsibility thereof.

BY SIGNING BELOW, I ACKNOWLEDGE THAT ALL OF THE INFORMATION IN THIS PACKET IS ACCURATE AND COMPLETE.

Parent Signature: ____________________________  Date ___/___/

Print Parent Name: ____________________________________________________________________________

CODE OF CONDUCT

As a student in the summer program, I will be respectful and responsible. I will follow the rules of the program and make meaningful contributions to the learning community. I understand I must attend every day. If I fail to attend regularly, I will be removed from the program.

Student Signature: ____________________________  Date ___/___/___