

Da Vinci Charter Academy

Secondary Summer School

2010

WHO: Summer school classes are for Da Vinci Charter Academy students only who will be in grades 10-12 during the 2010-11 school year and who need to remediate D or F grades in required Da Vinci courses from the current school year 2009-2010.

WHERE: Da Vinci Charter Academy, 1400 E. 8th Street, Davis.

WHEN: June 14 to July 1

DAILY SCHEDULE: All classes will be held 8:00 a.m. – 3:00 p.m.

WHAT IS THE ENROLLMENT PRIORITY? :

District students who attend Da Vinci Charter Academy and need:

1st priority: To remediate failing grades or credit in core subjects (English, Social Studies, Mathematics) for high school graduation.

2nd priority: To remediate D or F grades in core subjects in order for a student to be a-g compliant

3rd priority: To remediate skill deficits in order to be better prepared for the next level of a course, primarily English and Math.

IMPORTANT ENROLLMENT INFORMATION:

- Students who earned a D or F grade may enroll in summer school. The courses are competency based and designed to allow the student to make up deficiencies from material covered during the regular academic year. For this reason students will attend summer school for as long as necessary, but no more than 14 days, to remediate their grade.
- The following courses are offered: Algebra I P, Geometry P, World Civilizations P, English 10 P, American Literature P, U.S. History P, U.S. Government P, Economics P, World Geography P, and English 9 P.
- A student may earn no higher than a C grade through Summer School.
- Students attending Da Vinci Summer School must begin attendance on June 14th and continue with uninterrupted attendance until the course work has been completed **or** the summer term expires (on July 1).
- **All students, without exception, who miss more than two class sessions (14 total hours), due to absence or tardies, will be dropped from the class and will NOT be granted credit.**
- Please be aware that tardies and absences accumulate and are counted as a percentage of overall absences. Each tardy equals one hour of missed class. A student who has missed one full day of class and has seven tardies would be dropped from summer school. Students will not be admitted after the first day of summer school (June 14).
- Students who choose to drop their summer school class before completion will not receive full or partial credit.

- The staff expects a high standard of behavior for all students.
- Classes may not be audited.

QUESTIONS REGARDING SUMMER SCHOOL:

Da Vinci Charter Academy (530) 757-7154

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| DIRECTIONS FOR 2010 SECONDARY SUMMER SCHOOL |
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1. Please complete all pages of this application carefully. Incomplete applications will be returned. We need 2 daytime summer phone numbers for parents and at least one emergency contact phone number of someone other than a parent/guardian who is available during the summer.
2. Staffing for summer school will be done on the basis of the number of applications returned by April 2nd. After that time, classes will be filled on a space-available basis.
3. Return your completed application to the office with your counselor's signature.

| | | | | |
|---|--|-------------------------|---|---|
| Student's Legal Name -- Last: | | First: | Middle Initial: | Home Phone: |
| Date of Birth: | | Sex: | Current Grade: | |
| PARENT/GUARDIAN INFORMATION #1 | | | | |
| Name | | | Phone (home) | |
| Address | | | Phone (work) | |
| Employer | | | Phone (cell) | |
| #2 PARENT/GUARDIAN INFORMATION #2 | | | | |
| Name | | | Phone (home) | |
| Address | | | Phone (work) | |
| Employer | | | Phone (cell) | |
| #3 PARENT/GUARDIAN INFORMATION #3 | | | | |
| Name | | | Phone (home) | |
| Address | | | Phone (work) | |
| Employer | | | Phone (cell) | |
| If parents cannot be reached in an emergency, call (neighbor, relative, friend. Name <u>two</u> if possible) | | | | |
| Name | | | Phone (home) | |
| Name | | | Phone (home) | |
| MEDICAL INFORMATION | | | | |
| Physician/Medical Group | | Address | | Phone |
| Medical Group I.D. Number | | Local Dentist | | Phone |
| If your physician is not located in Davis, please name a local physician where your son/daughter may be taken for emergency care: | | | | |
| Davis physician | | | | Phone |
| Subject to any condition which may result in an emergency, such as (PLEASE INDICATE ANY SPECIAL INSTRUCTIONS, IF ANY) | | | | |
| Epilepsy | | | Asthma | |
| Fainting Spells | | | Diabetes | |
| High Blood Pressure | | | Heart Condition | |
| Allergic Reactions, including insect stings, extent of reaction: (PLEASE GIVE DETAILS FOR CARE:) | | | | |
| | | | | |
| | | | | |
| Other known problems or medical Information: | | Speech | Vision (Do you wear glasses or contacts?) | Hearing Loss (Do you wear a hearing aid?) |
| Orthopedics | | Bleeding Tendency, etc. | Please Explain: | |
| Do you take routine medications? Yes _____ No _____ Name of Medication: | | | | |
| Anticipated reaction if any: | | | | |

Parent/Guardian Consent:

In the event of an accident or other emergency, when I/we are unavailable, I/we hereby authorize a representative of the school to make such arrangements as he/she considers necessary for our son/daughter to receive medical or hospital care including necessary transportation. Under such circumstances, we further authorize the physician/dentist named to undertake such care and treatment or my/our son/daughter as he/she considers necessary. In the event said physician is not available at the time, I/we authorize such care and treatment to be performed by any licensed physician or surgeon.

THE UNDERSIGNED HEREBY AGREE TO THESE PROCEDURES AND FURTHER AGREE TO BEAR ALL ACCIDENT/EMERGENCY COSTS INCURRED AS A RESULT OF THE FOREGOING:

Signature of Parent(s)/Legal Guardian

Date

** If you choose to not sign the top line we need to have specific instructions, including addresses and phone #'s of medical personnel and facilities that you want contacted in case of emergency. You also agree to bear all costs incurred as a result of these instructions. Please attach sheet.

Signature of Parent(s)/Legal Guardian

Date

2010 Secondary Summer School Registration

Student Name _____

Current Grade (2009-10): _____

| | Grade (2010-11) | At DVHS/DVJHS | Mark 1st & 2nd choice | Grade (2010-11) | |
|--|--------------------|------------------------------|--------------------------------|--------------------|------------------------|
| | 10 | English 9 P Semester 1 | | 10 | World Geography P |
| | 10 | English 9 P Semester 2 | | 10-12 | Algebra 1 P Semester 1 |
| | 11 | World Studies Semester 1 | | 10-12 | Algebra 1 P Semester 2 |
| | 11 | World Studies Semester 2 | | 10-12 | Geometry P Semester 1 |
| | 12 | American Studies Semester 1 | | 10-12 | Geometry P Semester 2 |
| | 12 | American Studies Semester 2 | | | |
| | Contract | Political Studies Semester 2 | | | |

Parent Signature _____

Student Signature _____

Counselor approval required

Counselor Signature _____

Date _____

Student has: IEP on file 504 on file other services:

Return your application to the counseling office at your school site, or to Summer School, 526 B Street, Davis, CA 95616