



**2013 SUMMER SCHOOL
COURSE AND INFORMATION CATALOG
(Grades 7-8)**

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GRADES 7-8 SUMMER SCHOOL COURSE INFORMATION

Program Information

Sycamore Community Schools' 7-8 Summer School is a four week program beginning on July 8 and concluding on August 2. Classes will be held at Sycamore Junior High School, 5757 Cooper Road. Students must be able to work independently in an instructional group of 8-10 students.

Enrolling a Student

Summer School Enrollment forms, the Emergency Medical Authorization form and the Summer School Transportation Registration form are in the Appendix of this catalog.

Each student enrolling in Summer School must print out, complete, and return the Emergency Medical Authorization form with the Summer School Enrollment form. If a student registers and pays for Summer School online, they must return the Emergency Medical Authorization form to their Summer School Director as soon as possible after registering online. Failure to submit this form may result in removal from the program.

Students in grades 7-8 who need transportation to Summer School must also print out, complete, and return the Summer School Transportation Registration form. If a student registers and pays for Summer School online, they must return the Summer School Transportation Registration form to their Summer School Director as soon as possible after registering online.

It may take up to three days to arrange transportation, so please plan accordingly.

Fees

The fee for developmental and advanced/enrichment courses is \$145. The fee for F.L.I.G.H.T. Academy is \$175. Fees are waived for students who qualify for the Free and Reduced Price School Meals program.

A 100% refund, minus a \$20 processing fee, will be granted for cancellations made before the first day of class. A 75% refund, minus a \$20 processing fee, will be granted for cancellations made 1-5 days after the first class. A 50% refund, minus a \$20 processing fee, will be granted for cancellations made 6-10 days after the first day of class.

No refunds can be made for cancellations made more than 10 days after the first day of class.

Courses that do not have sufficient enrollment will be canceled and fees will be returned.

Questions

For more information, email Chris Gutermuth, 5-8 Summer School Director, at gutermuthc@sycamoreschools.org. Once Summer School begins, the 5-8 Summer School phone number is 513-686-1739/press 2 for Chris Gutermuth.

GRADES 7-8 SUMMER SCHOOL COURSE DESCRIPTIONS

Course Name

Current Grade Level

Advanced Mathematical Exploration and Problem Solving

7

This summer math program is designed to enrich and extend mathematical understanding of advanced concepts for students entering 6th, 7th, and 8th grade accelerated math classes. Students will explore number theory, graph theory, probability, logic problems, mental math, and the many aspects of several competitive math programs such as MATHCOUNTS (competition simulations will be a part of this course). This class will enhance problem solving skills, foster teamwork and reward math achievement.

Hours: 10 a.m. – 12 p.m.

Citizenship

7-8

Interested in geography and economics? Need help understanding government and law? This course explores the fundamentals of Social Studies.

Hours: 10 a.m. – 12 p.m.

English as a Second Language (ESL)

7-8

This course is intended to provide additional school experiences in the target language, English. Emphasis will be placed on the acquisition of content area vocabulary as well as improving receptive and expressive English language skills. Registration for this class cannot occur online. Enrollment in this class is by invitation only. All students currently enrolled in ESL will receive additional information about the summer offering from their ESL teacher.

Hours: 10 a.m. - 12 p.m.

Freshman Summer Bridge Academy

8

Freshman Summer Bridge Academy (held at SHS) is a technology-infused program for incoming 9th-graders to help them better prepare for the transition to high school. Students will learn studying techniques, organizational skills, and note-taking strategies. Teachers will also work with students on improving reading skills, as well as an overall core (math, science, social studies, language arts) skill review. Students will access high school resources; identify valuable texts; and meet the administrative team, school resource officer, and members of the counseling staff. They will also learn about academic, athletic, and extracurricular programs. Students will earn a .5 elective credit toward graduation. **Fee for this course is \$175.**

Dates: July 1-26 (Summer Recess July 4-5)

Hours: 9 a.m.-1 p.m.

Summer Reading Workshop

7-8

This course is for students who have had previous difficulties or who did not meet last year's course requirements in language arts. This course will focus on reading comprehension and vocabulary skills.

Hours: 10 a.m. - 12 p.m.

Mathematics Exploration

7-8

This course is designed to help review and brush up on math concepts such as fractions, decimals, and integers, while gaining math confidence.

Hours: 8 a.m. - 10 a.m.

GRADES 7-8 SUMMER SCHOOL COURSE DESCRIPTIONS

Course Name

Current Grade Level

F.L.I.G.H.T. Academy

7

F.L.I.G.H.T. Academy is a unique Summer School class designed to help incoming 7th-grade students develop the skills necessary for success at Sycamore Junior High School. A team of three teachers will merge reading and social studies content in an interactive, project-based learning opportunity complete with field trip experiences within the local and greater community. Students will also complete the summer reading assignments: Out of My Mind (7th) or The Battle of Jericho (8th) by Sharon Draper. Activities that strengthen leadership, team-building, goal-setting, collaboration, problem-solving, and technological and critical thinking skills will be part of this four-week experience. Enrollment is limited. Class will not be held on Fridays. Students who complete the enrollment process should assume they are enrolled in the class unless notified otherwise. Fees will be returned to those who are not placed in the program. The fee for F.L.I.G.H.T Academy is \$175.

Hours: 8 a.m. - 12 p.m. (M-Th)

Science Enrichment and Exploration

7-8

This scientific methods course will allow students to develop and use science skills of observation, inference, measurement, classification, problem solving and data analysis to craft a science experiment for the upcoming Sycamore Science Fair to be held in January 2014. Students will research and ask questions about a problem of interest to them and then craft an experiment to answer a question about that problem. Students will be assisted with the science fair process (registration forms, experimentation, and reporting on their findings.)

Hours: 8 a.m. – 10 a.m.

REGISTERING FOR SUMMER SCHOOL ONLINE- CREDIT CARD ONLY

- Beginning April 1, registration and fee payment for Summer School can be done online through Parent Portal.
- Parents who already have a Parent Portal account can register their students for Summer School by visiting www.sycamoreschools.org and clicking on the Parent Portal “log in” link.
- Parents without a Parent Portal account will need to create one. To create a Parent Portal account, visit www.sycamoreschools.org and click on the Parent Portal “create an account” link.
- Once inside Parent Portal, parents should log in to Parent Portal and click on the “Go to Online Fee Payment Center” button.
- From there, click on a student. A new screen will appear. Click the “Summer School Sign Up” button.
- To register for Summer School, click the “Sign Up” button under the appropriate grade level.
- Next, check the boxes next to the course name(s) in which that a student will enroll.
- Click the “Add to Shopping Cart” button.
- To register more than one student, click the “Continue Shopping” button and repeat the steps.
- Once all students and courses are added, click the “Check Out” button, enter payment information and click “Pay Now.” Follow the prompts to pay.
- Unless notified, assume that your registration has been accepted.

NOTE:

- Students who register and pay for Summer School online, must print out and return the Emergency Medical Authorization form (see Appendix) to their Summer School Director as soon as possible after registering online. Failure to submit this form may result in removal from the program.
- K-8 students who register and pay for Summer School online and who also need transportation to Summer School must print out and return the Summer School Transportation Registration form to their Summer School Director as soon as possible after registering online. It may take up to three days to arrange transportation, so please plan accordingly.

REGISTERING FOR SUMMER SCHOOL WITH PAPER FORMS – CHECKS OR CASH

- Summer School Enrollment forms, the Emergency Medical Authorization form, and the Summer School Transportation Registration form are included in the Appendix of this catalog.
- **Each student enrolling in Summer School must print out, complete, and return the Emergency Medical Authorization form with the Summer School Enrollment form by May 25, 2013.** Failure to submit this form may result in removal from the program.
- K-8 students who need transportation to Summer School must also print out, complete, and return the Summer School Transportation Registration form with the Summer School Enrollment form.
Transformation requests must be submitted by May 24, 2013.
- Attach fee payment to enrollment forms (checks made payable to Sycamore Community Schools).

APPENDIX



GRADES 5-8

SUMMER SCHOOL ENROLLMENT FORM

Complete and return to Chris Gutermuth, 5-8 Summer School Director, at Sycamore Junior High School, 5757 Cooper Road, Cincinnati, Ohio, 45242, with attachments, as indicated below.

STUDENT INFORMATION

Student Name: _____
(Last) (First) (Middle Initial)

Parent Name: _____
(Last) (First) (Middle Initial)

Home Address: _____
(Street) (Zip Code)

Home Phone: _____ **Business/Cell Phone:** _____

Email Address: _____

Grade Level Just Completed: _____ **School Attended in 2012-13:** _____

- My child will need bus transportation to Summer School – complete, print out, and return Summer School Transportation Registration form to Caroline Mulvaney, K-4 Summer School Director, Edwin H. Greene Intermediate School, 5200 Aldine Drive, Cincinnati, OH 45242

COURSE INFORMATION

Course Name: _____

Course Name: _____

FEE INFORMATION

Developmental and advanced/enrichment courses: \$145 F.L.I.G.H.T. Academy: \$175

Total Fee Amount: _____ **Check #** _____

- Please check this box if you qualify for Free or Reduced Price Meals and fees should be waived.

*Courses that do not have sufficient enrollment will be canceled and fees will be returned.
For more information, contact Chris Gutermuth, 5-8 Summer School Director, at
gutermuthc@sycamoreschools.org.*

ATTACHMENTS

- Fee payment (please make checks payable to Sycamore Community Schools)
 - Emergency Medical Authorization form
 - Transportation Registration form (if student needs transportation to Summer School)
- *Registration will not be complete without the above attachments**

PARENT SIGNATURE

(Parent Signature) (Date)



SUMMER SCHOOL TRANSPORTATION REGISTRATION FORM

- If a **K-4** student needs transportation to Summer School, complete and return this form to Caroline Mulvaney, K-4 Summer School Director, at Edwin H. Greene Intermediate School, 5200 Aldine Drive.
- If a **5-8** student needs transportation to Summer School, complete and return this form to Chris Gutermuth, 5-8 Summer School Director, at Sycamore Junior High School, 5757 Cooper Road.
- If an incoming **9th-grade** student needs transportation to Freshman Summer Bridge Academy, complete and return this form to Mark Weigel, 9-12 Summer School Director, at Sycamore High School, 7400 Cornell Road, Cincinnati, OH 45242.
- It may take up to three days to arrange transportation, so please plan accordingly. If there is a change in classes, a new form must be completed and returned and may result in a delay in transportation.

Student name: _____

- Will attend the **Summer School session** at (*check one*):
- Blue Ash Elementary One Session
Check one:
 - Reading
 - MathCheck one preference:
 - 8 a.m. – 10 a.m.
 - 10 a.m. – 12 p.m.
 - Blue Ash Elementary Full Session, 8 a.m. – 12 p.m. (Both classes)
 - Sycamore Junior High from 8 a.m. – 10 a.m.
 - Sycamore Junior High from 8 a.m. – 12 p.m. (both classes)
 - Sycamore Junior High from 8 a.m. – 12 p.m. (F.L.I.G.H.T. Academy)
 - Sycamore Junior High from 10 a.m. – 12 p.m.
 - Sycamore High School – available for Freshman Summer Bridge Academy only from 9 a.m. to 1 p.m.

Pick-up address (*must be within district boundaries*): _____

Name of person responsible for student at pick-up address: _____

Relation of that person to the student: _____

Drop-off address (*must be within district boundaries*): _____

Name of person responsible for student at drop-off address: _____

Relation of that person to the student: _____

Parent Name: _____

Home Phone: _____ **Business/Cell Phone:** _____

Email Address: _____

Parent Signature: _____ **Date:** _____



EMERGENCY MEDICAL AUTHORIZATION FORM

*The purpose of this form is to enable parents and guardians to authorize emergency treatment for children who become ill or injured while under the school's authority, when parents or guardians cannot be reached. Please be sure to complete each blank. This form is also available electronically on the "District Forms" page of the district website, www.sycamoreschools.org, for those who wish to type on the form. However, parents must continue to print out a hard copy of the form, sign it, and return it to the student's school at the beginning of the school year. **Email forms cannot be accepted.***

School Student is Currently Attending _____ A.M. Bus Number _____ P.M. Bus Number _____

Student Name _____ Sex (M/F) _____ Date of Birth _____

Student ID# (if applicable) _____ Grade _____ Homeroom _____

Student Home Address _____ Zip Code _____ Home Ph. # _____

Mother's Name _____ Mother's Address _____ Mother's Email _____

Mother's Home Ph. # _____ Mother's Wk. Ph.# _____ Mother's Cell Ph/Pager # _____

Father's Name _____ Father's Address _____ Father's Email _____

Father's Home Ph. # _____ Father's Wk. Ph.# _____ Father's Cell Ph/Pager # _____

Step Parent's Name _____ Step Parent's Address _____ Step Parent's Email _____

Step Parent's Home Ph. # _____ Step Parent's Wk. Ph.# _____ Step Parent's Cell Ph/Pager # _____

Who has legal custody of the student? (name and relationship) _____

Please list the child care provider, if applicable _____ Child Care Provide Phone # _____

NAMES OF RELATIVE/CARE PROVIDER/ALTERNATE CONTACT (WHO TO CONTACT IN THE ABSENCE OF PARENT/GUARDIAN)

Name _____ Address _____ Daytime Phone # _____ Relationship _____

Name _____ Address _____ Daytime Phone # _____ Relationship _____

***** **PART I OR PART II BELOW MUST BE COMPLETED AND SIGNED** *****

PART I - TO GRANT CONSENT. I hereby give consent for the following medical care providers/local hospital to be called.		
Doctor's Name	Phone #	Address
Dentist's Name	Phone #	Address
Medical Specialist (optional)	Phone #	Address
Local Hospital	ER Phone #	Address

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including medical conditions (ex. Diabetes, asthma, significant allergies, ADHD, autism, Down Syndrome, hearing/vision impairments, etc.) and medications being taken to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____

NOTE: The above information will be shared with appropriate staff as necessary. This includes, but is not limited to, administrators, teachers, support staff, bus drivers, food service staff, custodians, coaches, and substitute employees. Please, notify the school nurse of any concerns.

***** **DO NOT COMPLETE PART II IF YOU COMPLETED PART I** *****

PART II - REFUSAL TO CONSENT I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school/district authorities to take the following action:		
Signature of Parent/Guardian _____ Date _____ (REV. 7/10)		