

St. Joseph Jr-Sr High School
Hilo, Hawaii
Summer School 2014 – Physical Education 9, Fitness 4 Life

Fitness 4 Life, a course designed for students to discover, understand and realize the importance of physical fitness and wellness; and to learn how to implement what they learn in their daily lives

Dear Parents:

St. Joseph School will be offering a 9th grade credit course, Fitness 4 Life, this summer. The course is two-fold: 1) online coursework, 2) on-site fitness conditioning and assessment. This course is equivalent to 1 full credit of physical education.

Online course: April 28 to May 31, 2014

Onsite course: June 2 to June 13, 2014 (7:30a-2:30p)

A mandatory meeting will be held for ALL students and parents on **April 25, 2014** at the St. Joseph **High School library from 5:00-6:00 p.m.** Students and parents will given an introduction to the summer program and receive important information and instruction on the online course.

Please note that the onsite course is only two weeks and it is mandatory that the students attend everyday. Lunch and snacks will be the responsibility of each student. Excursion fees, if any, will be an additional fee.

Registration fee: \$350 for SJS Student, \$400 for others

Registration is **due no later than April 28, 2014.**

Should you have any questions, please feel free to call Miri Sumida at 937-9157 or email at msumida@sjshilo.org.

**St. Joseph Jr-Sr High School
Hilo, Hawaii
Summer School 2014 – Physical Education 9**

CHECKLIST

Student: _____ Entering Grade: _____
2014-2015 School: _____

Please return this check list with the student's forms and tuition payment.

Document	Due Date	Date of Completion
2013 SS Information & Policies SS 2014 – Class/On-Line Learning: Please review and follow directions for accessing class material <u>prior to first class.</u>	Keep for reference	N/A
	Student must have internet access for course.	Access course work on line prior to first day of school so student can begin work on first day.
Application Form	No later than 04/28/2014	
Tuition Payment SJS Student Course Fee \$350 Non-SJS Student Course Fee \$400	No later than 04/28/2014	Method of payment <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card
Student Health Questionnaire	No later than 04/28/2014	
Off-Campus Excursion/Activities Form	No later than 04/28/2014	
Alu Like Scholarship Form Apply for summer school reimbursement; primarily for students of Hawaiian ancestry.	Submit to Alu Like for review and approval immediately. Please <u>do not wait</u> until 04/28/2014 deadline.	

For office use only: Registration completed: (date) _____ Initial: _____
Grades sent to school on (date): _____ Initial: _____

STUDENT HEALTH QUESTIONNAIRE
Summer School 2014

Please complete this form and submit it with all other forms by Friday, 04/28/2014. This will make the school aware of any health issues that the student may have and assist the school in providing the best service for your student. The school will communicate with parents should there be need for any follow-up information or procedures.

Student Name: _____ Grade entering: _____ Birthdate: _____

Allergies: _____

Please list any medical condition your child might have (asthma, epilepsy, diabetes, migraines, ADD/ADHD, etc.). Please indicate if your child carries and/or self-administers any medications i.e. asthma inhalers, pain medication, epinephrine or insulin.

Condition: _____ Year diagnosed: _____

Medication(s): _____

Dosage and Frequency: _____

Condition: _____ Year diagnosed: _____

Medication(s): _____

Dosage and Frequency: _____

Student's Physician(s): _____

Comments: _____

Please list any significant injury or illness your child has had in the last few years (e.g. head injury, broken bones or bad sprains, surgeries, etc.).

Injury/Illness _____ Month/Year _____

Comments: _____

Injury/Illness _____ Month/Year _____

Comments: _____

Please sign and return this form with packet no later than Friday, April 25, 2014

Signature of parent/guardian: _____ Date: _____

Home phone: _____ Work phone: _____ Cell: _____

Signature of parent/guardian: _____ Date: _____

Home phone: _____ Work phone: _____ Cell: _____

APPLICATION FORM - SUMMER SCHOOL 2014

Please print clearly or type:

Family Name (Last)	Student's First Name	M.I.	Student's Cell
--------------------	----------------------	------	----------------

Mailing Address	City	Zip Code	Home Phone
-----------------	------	----------	------------

Street Address	City	Zip Code
----------------	------	----------

Father's Name:	Mother's Name
<i>Please circle if one applies:</i> Parent Custodial Parent Guardian Step Host Other	<i>Please circle if one applies:</i> Parent Custodial Parent Guardian Step Host Other
Home Phone:	Home Phone:
Employer:	Employer:
Work Address:	Work Address:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-mail Address:	E-mail Address:

If parents cannot be reached, please call:

Name (Identify relationship)	Home Phone	Cell Phone	Work Phone
------------------------------	------------	------------	------------

Name (Identify relationship)	Home Phone	Cell Phone	Work Phone
------------------------------	------------	------------	------------

I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency you may choose a physician. My choice of physician is as follows:

1. _____ Phone No.: _____
 (Name of local doctor)
2. _____ Phone No.: _____
 (Name of local doctor)

Medical Insurance Coverage Company: _____ Policy No.: _____

 Signature of Father/Guardian

 Signature of Mother/Guardian

AUTHORIZATION FOR STUDENT OFF-CAMPUS EXCURSION AND ACTIVITIES

This Authorization must be completed by the student's parent(s) or guardian(s). If not completed and signed, the student may not be allowed to participate in the excursion and activities described.

Name of Student: _____

Home Address: _____ Alternate Phone: _____

ALL DAILY EXCURSION/ACTIVITIES FOR THE SUMMER SCHOOL PROGRAM FROM June 2-June 13, 2014 will be planned and executed in the Hilo town vicinity (walking distance and/or parent drop off and pick up when requested).

Students will plan and notify parents of specific destinations prior to the activity date.

I am/We are the parent(s) / guardian(s) of the student named above. By signing below, I/We:

1. **Give permission** for the student to participate in the excursion and activity described below;
2. **Give permission** for the student to travel by private or commercial vehicle;
3. **Release** the School and its agents and employees from any and all liability to us and to the student for any injury, damage or loss that occurs because of the student's participation in the willful misconduct of the School or its agents and employees; and
4. **In the event of illness or injury** to the student, **consent to and authorize** such medical and dental treatment as may be deemed necessary, and **agree to pay** for such medical and dental costs:

AUTHORIZATION:

Print or type Mother's name	Mother's/Guardian's Signature	Date
Print or type Father's name	Father's/Guardian's Signature	Date

Parent's Comments:

Please identify any special medical instructions or other special circumstances you believe are important for the School to know about in connection with the excursions/activities. *Note: students should not take valuables or large sums of money on excursions/activities.*

St. Joseph School Information & Policies **(Please keep for your reference)**

Vision: St. Joseph School builds a nurturing community through demonstration of Catholic values and implementation of an academically rigorous and spiritually rich curriculum. St. Joseph students learn, in a safe and disciplined environment, to care for themselves and others and to accept responsibility for making a just and loving society through generous use of their personal talents and gifts.

Mission: The Mission of St. Joseph School is to celebrate the uniqueness of each student through a rigorous academic program. Inspired by the Gospel message of Jesus Christ, nurtured in a faith community blessed with many cultures, gifts and talents we build lives of service to others in the spirit of our Hawaiian tradition of Aloha.

Code of Conduct: As members of St. Joseph School, all students and their parents as well as the administration, faculty, staff and other members of the school community will conduct themselves as good representatives of the school by:

- Acting with **respect** toward persons and property;
- Thinking, speaking and acting with **honesty**.
- Contributing to the building of strong **community**.
- By promoting school spirit through **loyalty**.

On-Line Information:

All work is to be done online. Students are required to have dependable internet access in order to complete this course. It is important that ALL students have an EMAIL account to access the website. It is recommended that parents submit an EMAIL account in order to access and monitor your student's pages.

Online Site: <https://sjsfit4life.pbworks.com/w/page/52544107/FrontPage>

Student User Name: To be given on 04/28/2014

Student Password: To be given on 04/28/2014