

PALO ALTO UNIFIED SCHOOL DISTRICT

Summer 2009: Elementary Programs
For Students Entering Grades K-5

Sponsored by the City of Palo Alto



Summer School Office
25 Churchill Avenue
Palo Alto, California 94306
(650) 329-3941
summerschool@pausd.org



SUMMER 2009 ELEMENTARY PROGRAMS

Program:	Grade:	Dates:	Time:	School :	Fee:
Traditional	Students entering grades K-5, Groupings: K, 1, 2/3, 4/5	Monday, June 22 - Friday, July 17 <i>Holiday July 3</i>	8:15 a.m.- 12:15 p.m.	Ohlone Elementary 950 Amarillo Ave.	\$415
Spanish and Mandarin Immersion	Spanish Immersion students entering grades 1/2 and 3-5; Mandarin Immersion students entering grades 1/2	Monday, June 22 - Friday, July 17 <i>Holiday July 3</i>	8:15 a.m.- 12:15 p.m.	Ohlone Elementary 950 Amarillo Ave.	\$415
Writing/Arts Enrichment	Students entering grades 2-5	Monday, June 22 - Thursday, July 2 <i>2 week program</i>	8:30 a.m.- 12:30 p.m.	Fairmeadow Elementary 500 East Meadow Drive	\$315

Program Information

We are looking forward to providing your children with a summer to remember! Our experienced and enthusiastic teaching staff are planning a variety of enjoyable and educationally stimulating programs. For summer 2009, we will offer the following four elective programs:

Traditional: These classes blend skills maintenance and enrichment activities, integrated with core subject curriculum.

Spanish Immersion: This is a fun-filled activity-based program for students currently enrolled in Spanish Immersion or fluent Spanish speakers. (Non-Spanish Immersion students, who speak Spanish, will be interviewed to determine placement.)

Mandarin Immersion: This is a fun-filled activity-based program for students currently enrolled in Mandarin Immersion or fluent Mandarin speakers. (Non-Mandarin Immersion students, who speak Mandarin, will be interviewed to determine placement.)

Writing/Arts Enrichment: Students will be engaged in a lab school program that creatively integrates concepts, skills and themes important to growth in both writing and the visual arts.

Additional summer programs include:

Literacy and Math Intervention: Classes are offered to *recommended students only*. Eligibility for an intervention class is determined by teachers and principals at home school sites. Selected students will be mailed enrollment materials.

Spanish Immersion Literacy: Classes are offered to *recommended students only*. Eligibility for an intervention class is determined by teachers and principals at home school sites. Selected students will be mailed enrollment materials.

Special Education: Individualized Education Program (IEP) teams determine the need for extended year services for special education students. Any student requiring extended year services will receive registration information from the Special Education Department. Please call Jan McLean, Coordinator of Special Education, at (650) 833-4260 with questions.

REGISTRATION INFORMATION

Registration is on-line or by mail and begins Monday, March 16th and ends June 5th. Any registration forms received earlier will be date-stamped March 16th and treated equally. Waiting lists will be maintained in the event classes fill during the registration period. Confirmation notices will be sent after receipt of completed registration forms.

TO REGISTER ON-LINE, GO TO THE FOLLOWING WEBSITE: WWW.PAUSD.ORG. CLICK ON SUMMER SCHOOL AND FOLLOW THE LINK TO ON-LINE REGISTRATION.

TO REGISTER BY MAIL, SEND IN THE FOLLOWING ITEMS TO: Summer School Office, 25 Churchill Avenue, Palo Alto, CA 94306

1. Registration/Emergency form
2. Check for fees (payable to *City of Palo Alto*) or Visa/Master Card application or Financial Aid Application
3. Bus Application and check for busing (payable to PAUSD)- bussing can only be paid for through mail or in person, not on-line

Financial Aid

Students wishing to apply for financial aid should complete and return the Financial Aid Application (inside back cover) either by mail or in person at the summer school office. *Financial aid forms cannot be completed on-line.*

Busing

Fee-based busing to and from Ohlone and Fairmeadow will be available from neighborhood schools. Bus service will be provided free of charge for Voluntary Transfer Program students.

Cancellations and Refunds

Refund requests must be made in writing to the Summer School Office or emailed to: summerschool@pausd.org. Refunds for cancellations requested before June 5th will incur a \$65 fee. Refunds will NOT be made after June 5th.

REGISTRATION FORM: Elementary Summer School 2009

(Please Print)

Student's Name: _____ Entering Grade: _____
(Last) (First) (Middle Initial) Aug. 2009

Parent's or Guardian's Name: _____ Student's Gender: F M

Street Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work or Cell Phone: () _____

Current School: _____ Classroom Teacher: _____

E-mail: _____ School District (if not PAUSD): _____

Please enroll my student in:

- I. Traditional Program (entering grades K-5) (\$415) – Ohlone
II. Spanish Immersion (current S. I. students and fluent Spanish speakers, entering grades 1-5) (\$415) – Ohlone
III. Mandarin Immersion (current M. I. students and fluent Mandarin speakers, entering grades 1-2) (\$415) - Ohlone
IV. Writing/Arts Enrichment Program (entering grades 2-5) (\$315 / 2 weeks only)- Fairmeadow

Please check appropriate box(es):

- Check enclosed for \$415 or \$315. (Payable to: *City of Palo Alto*. Please write student's full name on check)
 VISA/Master Card Form enclosed (back cover)
 Financial Aid Application enclosed (inside back cover)
 Bus Application and check enclosed
 Student is in the Voluntary Transfer Program (VTP) (Tuition or Financial Aid Form is required.)
 Student will be in childcare after summer school at: _____ Phone # _____

Does your student receive Special Education Services?

Yes

No

If yes, please check:

Resource

Special Day Class

Does your child have a 504 Plan?

Yes

No

EMERGENCY MEDICAL FORM

(Required For Registration)

(Please Print)

Student's Name: _____ Date of Birth: _____
(Last) (First) (Middle Initial)

Street Address: _____ City: _____ Zip: _____

Mother's/Guardian's Name: _____ Home Phone: () _____

Mother's Employer: _____ Work Phone: () _____

Father's/Guardian's Name: _____ Home Phone: () _____

Father's Employer: _____ Work Phone: () _____

Must be filled out — Emergency Contact if parent/guardian not available:

Name: _____ Relationship: _____ Phone: () _____

Physician's Name: _____ Phone: () _____

Dentist's Name: _____ Phone: () _____

List any medication for allergies: _____ Date of last tetanus shot: _____

List any medications being taken now: _____

Health Condition: _____

I hereby grant permission to authorized school personnel to administer basic first aid to:

(student's name) _____ as appropriate. In case of accident or acute illness, I grant permission for authorized school personnel to arrange transportation for my child to the closest hospital. I understand that an effort will be made to notify me before such action is taken and that the expense of this service and any subsequent medical expenses will be assumed by me. I give permission for the above named minor to participate in the activities indicated and, in so doing, absolve City of Palo Alto, PAUSD, their employees and officers from such liability that may arise as the result of that participation.

Signature: _____ Date: _____
(Parent/Guardian)

I have read and understand the REFUND POLICY, and AGREE to the terms.

Signature (required): _____
(Parent/Guardian)

INSCRIPCION: Programa de Verano para Primaria 2009

(Por Favor Imprima)

Nombre del Estudiante: _____ Grado al que entra: _____
(Apellido) (Nombre) (Inicial del Segundo Nombre) agosto 2009

Nombre de los Padres o Apoderados: _____ Sexo: F M

Dirección: _____ Ciudad: _____ Código Postal: _____

Teléfono en el Día: () _____ Teléfono en Casa: () _____

Escuela Actual: _____ Maestro (a): _____

Correo electrónico: _____ Distrito escolar (si no es PAUSD): _____

Por favor matriculen a mi estudiante en:

- I. Ohlone – Programa Tradicional (estudiantes que entran a los grados K-5) (\$415)
- II. Ohlone – Inmersión en Español (estudiantes actuales de S.I. y hablantes de español de 1-5 grados) (\$415)
- III. Ohlone – Inmersión en Mandarín (estudiantes actuales de M. I. y hablantes de mandarín de 1-2 grados) (\$415)
- IV. Fairmeadow – Programa de Enriquecimiento de Escritura/Arte (grados 2-5) (\$315 / *dos semanas solamente*)

Por favor marque el casillero(s) apropiado:

- Cheque adjunto por \$415 o \$315. (Pagable a: City of Palo Alto, con el nombre completo del estudiante en el cheque)
- Formulario de VISA/Mastercard adjunto (última página del catálogo)
- Solicitud de Ayuda Financiera adjunta (antes de la última página del catálogo)
- Aplicación para el Autobús y cheque adjuntos
- Mi estudiante está en el Programa de Traslado Voluntario (VTP) (necesitan pagar la matrícula o llenar el formulario de ayuda financiera)
- Si el estudiante irá a una guardería después de clases, por favor indique donde y el número de teléfono: _____

Recibe su estudiante Servicios de Educación Especial?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Si la respuesta es sí, por favor marque:	<input type="checkbox"/> Recursos	<input type="checkbox"/> Clase Especial
Tiene su estudiante un plan 504?	<input type="checkbox"/> Sí	<input type="checkbox"/> No

FORMULARIO DE EMERGENCIA MEDICA (Debe estar completada para ser procesada - (Por favor imprima))

Nombre del Estudiante: _____ Fecha de Nacimiento: _____
(Apellido) (Nombre) (Inicial del Segundo Nombre)

Dirección: _____ Ciudad: _____ Código Postal: _____

Madre/ Apoderada: _____ Teléfono en la Casa: () _____

Lugar de Trabajo de la Madre: _____ Teléfono en el Trabajo: () _____

Padre/Apoderado: _____ Teléfono en la Casa: () _____

Lugar de Trabajo del Padre: _____ Teléfono en el Trabajo: () _____

Debe ser llenado – Contacto de Emergencia si los padres/apoderados no están disponibles:

Nombre: _____ Parentesco: _____ Teléfono: () _____

Doctor: _____ Teléfono: () _____

Dentista: _____ Teléfono: () _____

Medicamentos para alergias: _____ Fecha de la última vacuna contra el tétano: _____

Medicamentos que usa: _____

Condición Médica: _____

Doy permiso para que el personal autorizado de la escuela administre los primeros auxilios a: (nombre del estudiante)

_____ como sea apropiado. En caso de accidente o enfermedad grave, doy permiso para que el personal autorizado de la escuela busque transporte para llevar a mi estudiante al hospital más cercano. Entiendo que se hará un esfuerzo por notificarme antes de tomar tal acción y los gastos de este servicio y cualquier gasto médico subsecuente serán asumidos por mi. Doy permiso para que mi estudiante participe en las actividades indicadas y al hacerlo absuelvo a la Ciudad de Palo Alto, PAUSD, sus empleados y oficiales de cualquier culpa que pueda resultar de tal participación.

Firma: _____ Fecha: _____
(Padre/Apoderado Solamente)

He leído y entiendo la POLITICA DE REEMBOLSOS y ESTOY DE ACUERDO con los términos

Firma (Requerida): _____
(Padre/Apoderado)

SUMMER 2009 – ELEMENTARY BUS APPLICATION
 Traditional or Spanish or Mandarin Immersion Summer School at OHLONE ELEMENTARY
 June 22 – July 17 (Holiday - Friday, July 3) 8:15 a.m.-12:15 p.m.
 OR
 Writing/Arts Summer School at FAIRMEADOW ELEMENTARY
 June 22 – July 2 8:30 a.m. – 12:30 p.m.

Please print

Student's Name: _____ Entering Grade: _____ Aug. 2009

Parent's or Guardian's Name _____ Current School: _____

Address: _____

Daytime Phone: _____ Cell Phone: _____

Emergency Contact Name and Phone: _____

Please check the box(es) below and enclose a separate check (*payable to PAUSD*) with registration form.

A bus schedule with specific times will be mailed to you.

	OHLONE (4 weeks)	OR	FAIRMEADOW (2 weeks)	
First student in family	Round trip <input type="checkbox"/>		<input type="checkbox"/>	\$150
	One way <input type="checkbox"/>		<input type="checkbox"/>	\$75
Each additional student	Round trip <input type="checkbox"/>		<input type="checkbox"/>	\$40
in family	One way <input type="checkbox"/>		<input type="checkbox"/>	\$50
			<input type="checkbox"/>	\$25

My student qualifies for financial aid for tuition and busing. (Must fill out a Financial Aid Form-inside back cover)

Please check (✓) the bus stop your child will use in the morning and where he or she will be dropped off after school. *Your child can be picked up at one stop and dropped off at another.* Check only one column if child will only ride the bus one way.

BUS STOP	To / From Ohlone		To / From Fairmeadow	
	Pick-up at:	Drop-off at:	Pick-up at:	Drop-off at:
Park Blvd. @ California Ave.				
Park Blvd. @ Ventura Ave.				
Addison				
Barron Park				
Juana Briones				
Duveneck				
El Carmelo				
Escondido				
Fairmeadow / Besse Bolton				
Walter Hays				
Nixon				
Ohlone				
Palo Verde				

Voluntary Transfer Students – Please select your morning and afterschool bus stops from the list below:

AM:

- _____ Euclid @ O'Connor
- _____ Almanor @ Newbridge
- _____ Oakwood @ Bay
- _____ Fordham @ Notre Dame
- _____ Clarke @ Runnymede
- _____ O'Connor @ Pulgas (B&G)
- _____ Newell @ W. Bayshore

PM:

- _____ Newell @ W. Bayshore
- _____ Euclid @ O'Connor
- _____ Euclid @ Bell (YMCA)
- _____ O'Connor @ Pulgas (B&G)
- _____ Clarke @ Runnymede
- _____ Fordham @ Notre Dame
- _____ Bay @ Oakwood
- _____ Almanor @ Newbridge

VERANO 2009 – APLICACIÓN PARA EL AUTOBÚS – PRIMARIA
 Programa Tradicional o de Inmersión en Español o Inmersión en Mandarín en la Escuela Ohlone
 22 de junio – 17 de julio (feriado –viernes 3 de Julio) 8:15 a.m. – 12:15 p.m.

O
 Al Programa de Escritura y Arte en Fairmeadow
 22 de junio – 2 de julio 8:30 a.m. – 12:30 p.m.

Estudiante: _____ Grado al que entra: _____ agosto 2009

Nombre de los Padres: _____ Escuela Actual: _____

Dirección: _____

Número de Teléfono: _____

Contacto de Emergencia: _____ Teléfono: _____

Por favor marque el/los casilleros abajo y envíe un cheque separado (*pagable a PAUSD*) con el formulario de inscripción.
 Un horario del autobús con las horas específicas le será enviado más adelante.

	OHLONE (4 semanas)		FAIRMEADOW (2 semanas solamente)
Primer estudiante por familia	<i>Ida y vuelta</i> <input type="checkbox"/> \$150		<input type="checkbox"/> \$75
	<i>Una vía</i> <input type="checkbox"/> \$75		<input type="checkbox"/> \$40
Cada estudiante adicional por familia	<i>Ida y vuelta</i> <input type="checkbox"/> \$100		<input type="checkbox"/> \$50
	<i>Una vía</i> <input type="checkbox"/> \$50		<input type="checkbox"/> \$25

Mi estudiante califica para recibir ayuda financiera para la matrícula y el autobús.

Por favor marque el paradero que su hijo/a usará en la mañana y en la tarde *Su hijo puede subirse en un paradero y bajarse en otro. Marque solo una columna si su hijo/a usará el autobús solo en un sentido (ya sea en la mañana o en la tarde).*

PARADERO	Hacia / Desde Ohlone		Hacia / Desde Fairmeadow	
	Paradero de la mañana	Paradero de la tarde	Paradero de la mañana	Paradero de la tarde
Park Blvd. @ California Ave.				
Park Blvd. @ Ventura Ave.				
Addison				
Barron Park				
Juana Briones				
Duveneck				
El Carmelo				
Escondido				
Fairmeadow / Besse Bolton				
Walter Hays				
Nixon				
Ohlone				
Palo Verde				

Estudiantes del Programa de Traslado Voluntario – Por favor elijan sus paraderos de la mañana y la tarde de esta lista:

AM:

- _____ Euclid @ O'Connor
- _____ Almanor @ Newbridge
- _____ Oakwood @ Bay
- _____ Fordham @ Notre Dame
- _____ Clarke @ Runnymede
- _____ O'Connor @ Pulgas (B&G)
- _____ Newell @ W. Bayshore

PM:

- _____ Newell @ W. Bayshore
- _____ Euclid @ O'Connor
- _____ Euclid @ Bell (YMCA)
- _____ O'Connor @ Pulgas (B&G)
- _____ Clarke @ Runnymede
- _____ Fordham @ Notre Dame
- _____ Bay @ Oakwood
- _____ Almanor @ Newbridge

APPLICATION FOR FINANCIAL AID 2009
SOLICITUD PARA AYUDA FINANCIERA 2009

If your child receives free or reduced lunch during the school year in PAUSD, he/she may be eligible for summer school financial aid for tuition.

Si su hijo(a) recibe almuerzos gratis o a precio reducido durante el año escolar en PAUSD, el(ella) puede ser elegible para ayuda financiera para la matrícula de la escuela de verano.

Please list student names(s) and where they will attend summer school:

Por favor anote el nombre(s) de los estudiantes y la escuela de verano a la que asistirán:

Student Name(s) <i>Nombre(s) del Estudiante(s)</i>	Summer School Site <i>Escuela de Verano</i>

- Check here and sign below if your child receives free or reduced lunches during the school year. You do not have to send any other paperwork.
- Marque aquí y fime debajo si su estudiante recibe almuerzos gratis o a precios reducidos durante el año escolar. No tiene que enviar otros documentos.*

Printed Name of Parent
Nombre impreso del padre

Signature of Parent/Guardian
Firma del padre/apoderado

Daytime Phone Number
Número de Teléfono en el Día

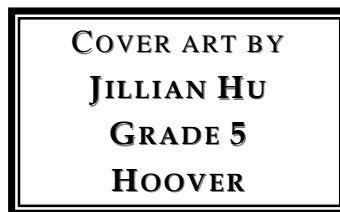
Address (*Dirección*) _____
(Street)(*Calle*) (City)(*Ciudad*) (Zip)(*Código Postal*)

AFTER-SCHOOL PROGRAM

Artes en Español: The Palo Alto Parents and Professionals for Art (PAPPA) will offer after-school summer art camps for students in grades 1-5. Classes will be held at Ohlone elementary school. For further information, call the PAPPA office at (650) 493-7282.

AFTER-SCHOOL CHILD CARE

Palo Alto Child Care Centers: Afternoon programs, June 22 – July 17 (4-week session) will be held at Ohlone, Fairmeadow and Walter Hays (for all children daily from 12 noon to 6 p.m.). Registration information and a brochure describing activities are available at your center or through the PACCC office at (650) 493-236



(CUT HERE)

Visa or Master Card Form

Use for charge card payment of summer program tuition fee. Charge card cannot be used for busing fee.

Name of Cardholder (print clearly): _____

Card #: _____

Please check: VISA Master Card

Amount to be charged: \$415 (Traditional Program or Spanish or Mandarin Immersion)

\$315 Writing/Arts Program

Expiration date: _____
MM / YY

Signature: _____

Name of student being registered: _____

Address: _____

Phone Number: _____

**The city of Palo Alto is our fiscal agent, and will mail all credit card receipts and statements.*