

PASS



PREPARING ALL STUDENTS for SUCCESS
AT MILWOOD MAGNET SCHOOL

PASS ACADEMY FOR INCOMING 6TH GRADERS*

THANK YOU FOR YOUR INTEREST IN THE MILWOOD MAGNET SCHOOL PASS ACADEMY.
WE ARE EXCITED TO WORK WITH YOUR STUDENTS. THE GOALS OF THE PASS ACADEMY ARE:

- ★ TO ASSIST WITH 6TH GRADE ORIENTATION AND TRANSITION TO MILWOOD MAGNET SCHOOL
- ★ TO INCREASE THE FOUNDATIONAL MATH AND LANGUAGE LITERACY SKILLS OF INCOMING 6TH GRADERS AT MILWOOD MAGNET SCHOOL
- ★ TO INTRODUCE INCOMING 6TH GRADERS TO THE BIOTECHNOLOGY MAGNET THEME THROUGH PROJECTS, FIELD TRIPS AND HANDS-ON EXPERIENCES

REGISTER BY June 1, 2012 ★ FREE ★ TRANSPORTATION PROVIDED

June 25th - July 20th 2012
Monday - Thursday from 8am to 12:30pm

For more information, call 269.337.0670 or visit www.milwoodmagnet.org



*Qualifies as an alternative to mandatory summer school.

Milwood Magnet School's
P.A.S.S. Academy
 "Preparing All Student for Success"
Summer Program Application

Name: _____

Thank you for your interest in the Milwood Magnet School PASS Academy. We are excited to work with your students. The PASS Academy will be held from June 25-July 20, 2012, Monday through Thursday from 8:00-12:30p.m. Below, please find a daily schedule.

8:00-8:30a.m.	8:35-12:00p.m.	12:00-12:30p.m.
Breakfast	Math & Language Literacy Enrichment Experiential Learning based on Thematic Focus	Lunch

Thematic Areas of Focus

Below is a list of our "Big Six" theme ideas associated with Biotechnology. Please indicate your thematic area choice for the summer, ranking them in order of priority from 1-3. We will do our best to honor your first choice.

_____ **"The Tech Squad"** (*Technological Innovations*). Explore and use new and existing technologies to communicate. You will learn the entire Microsoft Office suite. You will use computers, video cameras, digital cameras, podcasting equipment, and build a computer.

_____ **"Food Crusaders"** (*Global Food Chain*). Learn about the Global Food Chain and explore how food goes from the farm to the kitchen table. You will plant a garden, cook, visit the farmers market, have a formal dining experience and explore different cultures. Experience a "Taste" of what the world is made of.

_____ **"Energy Explorers"** (*Alternative Energy*). Explore energy through wind power, solar power and other renewable energy technologies. You will create models using alternative energy technologies.

_____ **"Agents of Change"** (*Environmental Biotechnology*). Explore the relationship between humans and other living things on land, water and in the air. You will investigate invasive species, biodiversity, and the effects of the human impact on the Earth.

_____ **"Medical Marvels"** (*Medical Biotechnology*). Be a hero of your health. Stay fit, keep active and learn how to manage your health. Learn about medical technologies and break through. You will learn how to take vital signs, create a health plan and keep your community informed.

_____ **"Dumpster Divers"** (*Sustainability*). Reduce, reuse and recycle. Learn how we can take steps to save our planet by reducing our carbon footprint on the Earth. Help make our world a better place.

* In honor of the Independence Day holiday, we will not have program on Monday, July 4, 2011.

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** This program has been approved as a viable alternative to Mandatory Summer School.*

STUDENT INFORMATION

Name: _____

Date of Birth: ____/____/____ Grade: _____ (2011-2012 school year)

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Gender (Circle One): Male Female **T-Shirt Size:** _____

Current Elementary School: _____

Student Ethnicity (Circle One):

African American White Hispanic Asian Other: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, the first attempt will be made to contact the student's parent(s)/guardian(s). Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

Name: _____

Relationship to Student: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

The above named person is authorized to pick up my child at the end of the program day or in the event of an emergency: Yes _____ No _____

Parent Signature: _____ **Date:** _____

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ADDITIONAL PEOPLE AUTHORIZED TO PICK-UP

1. _____
(Name) (Contact #) (Relationship)
2. _____
(Name) (Contact #) (Relationship)
3. _____
(Name) (Contact #) (Relationship)

PERMISSION TO TRANSPORT

I, _____, parent/guardian of
_____ give permission for school personnel to transport my child in personal vehicles for the purpose of experiential learning and field trips.

PERMISSION TO ATTEND FIELD TRIPS

My child _____ has permission to accompany the class on educational tours and field trips during the summer program. I understand that the group will always be accompanied by the teacher and generally by other adults. In case I prefer not to have my child participate in one particular excursion, I will notify the teacher in writing. I consent to have a staff member seek medical help for my child, at my expense, should illness or injury occur during the time away from school. I also understand that as parent/guardian, I remain fully responsible for any legal responsibility, which may result from any personal action taken by the named student.

PHOTO RELEASE

_____ I hereby irrevocably give my permission without further consideration to allow the Kalamazoo Public Schools or their designated agent(s) to use my still photographic images or video of my dependent in any publication or broadcast medium for promotional purposes. I further understand that the quality of image produced will determine whether or not it will be used in any publication, brochure, etc.

By signing below, I acknowledge that I have completed the above information with honesty and accuracy. My signature indicates that I agree to the conditions stated in the above "permission" sections.

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Signature _____ **Date:** _____

MEDICAL & HEALTH INFORMATION

Child's Name _____

Does your child have allergies? ____ yes ____ no

If yes, please describe: _____

Please list any medications your child will need while attending the summer program. Please explain instructions for administering the medication.

Please explain any other mental and/or physical health need that we should be aware of in order to keep your child safe and healthy.

Are there any activities in which your child may not participate? Yes____ No____

If so, please explain:

Are there conditions or specific needs that require special attention? Yes____ No____

If so, please explain:
