



# CLASS OF 2013!

## WELCOME TO THE DOGHOUSE!

Sign up for **Garfield's Bulldog Summer Bridge Program!** Garfield High School wants to help make your transition into 9<sup>th</sup> grade easy and comfortable so come enjoy an exclusive five-week program starting June 29.

**What?** GHS Summer Bridge Program

**Where?** Garfield High School

**When?** June 29-July 31, Monday-Friday from 9am-12pm. \*\*You will have time off for 4<sup>th</sup> of July!

**What's in it for you?** You will receive high school credits for attending five weeks of the Summer Bridge Program. This gives you a head start on credits needed for graduation and college! You will also get to participate in enrichment activities on Fridays such as college campus visits, school spirit activities and other fun workshops! You will be able to earn community service hours for your participation in the Friday enrichment activities that are service-related. (You need 60 hours for graduation)

**What classes will you be taking?** Math, Science, Language Arts, History, Technology and Advisory. You will attend three classes per day.

**What will you learn?** You will be introduced to vital learning skills and aspects of Garfield's school culture that will make your freshmen year much easier. You will be taught by Garfield's master teachers, University of Washington Teacher Education Students and will get to meet upperclassmen that will provide tips about the social life at GHS.

This program is designed to be a fun, supportive environment for freshmen to become comfortable with Garfield High School, meet teachers, other incoming freshmen and upperclassmen, build school spirit, and be introduced to important skills that will make your freshmen year a little easier. **REGISTER TODAY!** To sign up, fill in the attached registration materials and mail to Garfield High School. All skill levels are encouraged to participate...start off high school ahead of the rest! **DEADLINE TO REGISTER IS JUNE 1, 2009** (must be postmarked by this date).

**SEND SIGNED AND COMPLETED REGISTRATION MATERIALS TO:**

Garfield High School, Bulldog Summer Bridge Program

ATTN: Amber Jenkins

400 23<sup>rd</sup> Avenue

Seattle, WA 98122

**\*\*\*You may also drop off registration materials to the main office at Garfield High School.**

Amber Jenkins, 206.252.2312 or [amjenkins@seattleschools.org](mailto:amjenkins@seattleschools.org)

Kelley Butler, 206.252.2302 or [klbutler@seattleschools.org](mailto:klbutler@seattleschools.org)



# BULLDOG SUMMER BRIDGE PROGRAM

GARFIELD HIGH SCHOOL

## REGISTRANT INFORMATION

<b>Student Full Name:</b>				<b>Today's Date:</b>	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
<b>Address:</b>					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
<b>Home Phone:</b>	( )	<b>E-mail Address:</b>			
<b>Cell Phone:</b>		<b>Date of Birth:</b>		<b>Ethnicity:</b>	

## PARENT/GUARDIAN INFORMATION

<b>Name:</b>		<b>Relationship:</b>
<b>Address:</b>		
<b>Home Phone:</b>		<b>Work Phone:</b>
<b>Cell Phone:</b>		<b>Email:</b>

<b>Name:</b>		<b>Relationship:</b>
<b>Address:</b>		
<b>Home Phone:</b>		<b>Work Phone:</b>
<b>Cell Phone:</b>		<b>Email:</b>

## EDUCATION

<b>Middle School:</b>					
<b>From:</b>		<b>To:</b>		<b>GPA:</b>	
<b>Other:</b>					
<b>From:</b>		<b>To:</b>		<b>GPA:</b>	

## EXTRACURRICULAR ACTIVITIES, HONORS AND SPECIAL AWARDS

<b>Honor, Special Award or Activity</b>	<b>Description:</b>
1.	
2.	
3.	
4.	



### PERSONAL QUESTIONS

1. Do you have computer access at home?  Yes  No
2. Do you have Internet access at home?  Yes  No
3. Are you eligible for free/reduced lunch?  Yes  No  Do not know
4. Have your parents graduated from college?  Yes  No
5. How important is going to college for you? (check one box)  
 Very important  Somewhat important  Not very important  Not important at all

### RECOMMENDATION

Please list the name of the individual who will be supplying your letter of recommendation. This person can be a parent, teacher or community member who knows you well and can speak about your character.

Full Name:		Relationship:	
Years Known:		Phone:	( )
Address:			
Email			

**RECOMMENDER:** PLEASE COMMENT ON THE APPLICANTS STRENGTHS, PERSONALITY AND WHY HE/SHE WOULD BE A STRONG PARTICIPANT IN THE SUMMER BRIDGE PROGRAM. Write your comments in the space provided below.

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SEATTLE PUBLIC SCHOOLS – Garfield High School  
**INFORMED CONSENT / PERMISSION TO PARTICIPATE**  
2009 Summer Bridge Program

As parent or guardian of a student requesting to voluntarily participate in the Summer Bridge Program enrichment activities, I hereby acknowledge that I have read, understood and agreed to the following:

1. I acknowledge that this activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis or death to my child, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I have a full understanding of the risks associated with this activity and voluntarily choose to encounter that risk and permit my child to participate. I have been made aware of the field trip itinerary and understand that the Seattle School District will make reasonable efforts to provide a safe environment. The risks include, among other things: hitting stationary objects or vehicle accident while transporting to and from the trip. **(Parent/Guardian Initial)** \_\_\_\_\_
2. I certify that I have medical insurance to cover any injury that may be sustained by my child and/or have purchased student accident insurance for my child. I agree to bear the costs of any/all medical bills and any/all damages that may be caused by my child during these activities. **(Parent/Guardian Initial)** \_\_\_\_\_
3. I further certify that my child has no medical or physical conditions that could interfere with his/her safety in these activities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. **(Parent/Guardian Initial)** \_\_\_\_\_
4. I understand that transportation for these activities will be provided by:
  - District bus/vehicle or Metro bus **(Parent/Guardian Initial)** \_\_\_\_\_

As parent/guardian, I hereby give my permission for my student, \_\_\_\_\_, who attends *Garfield High School*, to participate in all Summer Bridge Program enrichment activities.

Student's address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student's home phone #: ( ) \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Medical conditions, (including **all** allergies), and medication information the District should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

I authorize a qualified physician/surgeon to examine and in the event of injury or serious illness administer emergency care to the above named student. I understand every reasonable effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, I agree that neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, or illness. **I allow my child to participate in the above activities and agree to assume the risk for/to my child that accompanies these activities.**

\_\_\_\_\_  
**Signature of parent/guardian**                      **Date**                      ( ) \_\_\_\_\_                      ( ) \_\_\_\_\_  
**Work phone**                      **Home phone**

School Administrator (signature): \_\_\_\_\_



**PARENT/GUARDIAN AND STUDENT AGREEMENT & SIGNATURES**

**STUDENT AGREEMENT:** As a participant in the Bulldog Summer Bridge Program, I agree to attend all classes and participate in the Friday enrichment activities.

Student  
Signature

Date:

**PARENT AGREEMENT:** If my student participates in the Bulldog Summer Bridge Program, I agree to support my student's learning and ensure they arrive on time to all sessions.

Parent  
Signature

Date:

**FOR OFFICE USE  
ONLY**