



## DCPS/University of Connecticut Summer Enrichment Program for District of Columbia Public School Middle Grades Students

For the second year, DC Public Schools is collaborating with the Neag Center for Gifted Education and Talent Development at the University of Connecticut to provide DCPS students a 4-week **FREE** summer enrichment learning opportunity for students **entering** 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup> grade in the 2015-16 school year. Students will be immersed in engaging and challenging topics in which they have a strong interest and work in groups with others who share these interests. They will use technology and other resources to carry out original investigations by solving real-world problems in science, math, creative writing, social studies, or the arts while having a hands-on, enjoyable, learning experience with a strong focus on field trips to supplement classroom learning.

At the start of the summer program, students will select enrichment groups based on their strengths, interests, and willingness to work with other students. Enrichment teachers will provide students with the necessary structures to research, develop, and produce small-group projects over the 4-week period.

**The program will start on Monday, July 6 and end on Friday, July 31 and run from 9:00 am to 1:00 pm each day.** Free breakfast and lunch will be provided. The program will run at two schools, **Stuart-Hobson Middle School** (410 E Street NE) and **Hardy Middle School** (1819 35th St NW). **Unfortunately, we are not able to provide students with before-care or after-care services.** All of the products and projects will be displayed during the fun-filled culminating event for friends and families on the last day of the program. This promises to be a challenging and motivating summer activity for your inquisitive learner! **All student applications must be received by Thursday, April 30. See instructions below:**

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### **Application Instructions**

To apply for this program, please complete the attached application and mail it to:

DCPS Summer Enrichment Program  
1200 First Street NE  
8<sup>th</sup> Floor, Attn: Matthew Reif  
Washington, DC 20002

Alternatively, you can scan and email the completed application to Matthew Reif at [matthew.reif@dc.gov](mailto:matthew.reif@dc.gov) All questions regarding the application and program details should be directed to Matthew Reif. **All student applications must be received by Thursday, April 30, 2015.**



**Part I: General Student Information (to be completed by the parent/guardian)**

Site Preference (Circle One): Stuart-Hobson MS    Hardy MS    SY14-15 Student ID Number \_\_\_\_\_

Full Student Name: \_\_\_\_\_

SY14-15 Grade Level: \_\_\_\_\_ SY14-15 School: \_\_\_\_\_

Student Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

Emergency Contact Name (in addition to parent): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name #2 (Optional) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Please note that only the parent/guardian and emergency contact listed on this page will be permitted to pick the student up at the school site.*

**Parent/Guardian Permissions – Please initial or check the boxes to indicate your consent to each statement below.**

- I certify that I am the parent or legal guardian of the student, a minor child, and the information provided in this application is accurate to the best of my knowledge. I hereby give permission for my child to participate in summer school activities sponsored by DCPS and the University of Connecticut Neag Center for Gifted Education and Talent Development and that my student will abide by all guidelines in the District of Columbia Student Discipline Code during the duration of the program.
- My child may walk or travel home alone at 1:00 pm unless otherwise specified with the Summer Enrichment Program Site Coordinator.
- I allow DCPS to use photos of my child and copies of my child’s work for program advocacy, without use of my child’s name.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Part II: Student Health Information (to be completed by the parent/guardian)**

*This information will be kept confidential and will only be used for purposes related to meeting your child's medical needs. If you do not complete this form, DCPS may lack critical information necessary to assist your child in the event of a medical emergency or other health-related matter.*

**Are there any health/medical issues/concerns staff should be aware of (i.e. seizures, asthma, etc)? Y/N \_\_\_\_\_**

**If yes, please explain:**

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**Does student have any allergies (i.e. food, environmental, medical)? Y/N \_\_\_\_\_**

**If yes, please explain:**

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*If student has food allergy please submit Special Dietary Needs form along with this application. (This form can be found on DCPS' website by searching "Special Dietary Needs" or you can email [food.dcps@dc.gov](mailto:food.dcps@dc.gov) to request a form).*

**Is the student currently taking any medication required during summer school hours? Y/N \_\_\_\_\_**

**If yes, please explain (Include medication type and administration times):**

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*If yes, a copy of current Medication Authorization form and Medical Action plans (asthma and/or anaphylaxis) should be submitted as part of this application. (These forms can be obtained from original school year nurse for parent/guardian to make a copy.)*

**Are there any other health concerns that staff should be aware of? Y/N \_\_\_\_\_**

**If yes, please explain:**

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