

Vacaville Unified School District
Elementary Summer School

~ Optimism, Determination, Perseverance ~ 

March 2, 2009

Dear Parents,

Your child has been identified by his/her classroom teacher as an excellent candidate for our Summer School Intervention program. The goal of Summer School is to give an academic boost to students who are struggling in school and would benefit from additional instruction.

Remediation during the summer months can give students the needed help to strengthen skills and review concepts to ensure success in the following year. Instruction will focus on Language Arts and Math.

Summer School will be held at the following sites:

Markham School: Students currently attending **Alamo, Browns Valley, Hemlock, Markham and Orchard**

Padan School: Students currently attending **Callison, Cooper, Fairmont, Padan and Sierra Vista**

Elementary Summer School will begin on Monday, June 29th and end on Friday, July 24th. Summer School hours will be from 8:00 a.m. to 12:00 p.m. There will be no school on Friday, July 3rd in honor of Fourth of July.

This intensive, four week program requires good effort and attendance; no more than two absences will be permitted. Punctuality is very important.

We strongly recommend that you take this opportunity to enroll your child in Summer School. Please complete the attached registration form *and return it to the school office by April 24th.*

Class sizes are limited and your prompt reply will ensure a space for your child. Parents will be notified on acceptance to the program by mail prior to the beginning of the Summer Intervention Program.

It is our sincere hope and desire that we can work together to provide the extra assistance that your child needs and deserves.

Sincerely,

Nancy J. Miller
Markham Summer School Principal

Kelyne Campbell Townsend
Padan Summer School Principal

Date Filed _____
Current Grade _____
To be completed by Summer Staff

SUMMER SCHOOL SITE
Markham _____
Padan _____
To be completed by Summer Staff

VACAVILLE UNIFIED SCHOOL DISTRICT
ELEMENTARY SUMMER SCHOOL REGISTRATION/EMERGENCY FORM

LAST NAME _____ FIRST _____

ADDRESS _____ MALE/FEMALE (circle one)

PHONE _____ BIRTHDATE _____

PRESENT SCHOOL _____ GRADE (current school year) _____

504 PLAN: YES _____ NO _____ RESOURCE: YES _____ NO _____

SPECIAL EDUCATION: YES _____ NO _____

PARENTS'/GUARDIANS' NAMES _____

EMPLOYED BY _____ WORK PHONE _____

IN CASE OF EMERGENCY PLEASE LIST TWO (2) LOCAL SUMMER CONTACTS

1. NAME _____ PHONE _____

2. NAME _____ PHONE _____

PHYSICAL LIMITATIONS: NO _____ YES _____ EXPLAIN _____

HEALTH CONCERNS/MEDICATIONS: NO _____ YES _____ EXPLAIN _____

Dear Parent/Guardian:
In allowing your child to register, you are committing yourself to make sure he/she arrives at school on time and assisting the school in enforcing appropriate standards of student behavior.

Signature of Parent/Guardian _____

Cell phone (mom) _____ Cell phone (dad) _____
Name _____ Name _____