

# Brien McMahon High School



## PROGRAM DATES

June 26 – July 30

No Program July 3 and 4



## DAILY SCHEDULE

8:30–9:00	BREAKFAST (FREE)
9:00–1:00	ACADEMICS
1:00–1:30	LUNCH (FREE)
1:30–3:15	ACTIVITIES
3:15–3:30	DISMISSAL

Registration forms and applications will due by  
**APRIL 10, 2017.**

Applications will be submitted to:  
Barbara Wood  
Brien McMahon High School  
300 Highland Avenue  
Norwalk, CT 06854

Or by fax:  
(203)899-2813

Students must have a complete application on file before the start of the program.

Contact Barbara Wood if there are any questions.  
(203)852-9488 x11402  
woodb@norwalkps.org

## Freshmen Success Summer Academy

Welcome to Brien McMahon High School and the Freshman Success Summer Academy. Rising 9th graders from are invited to participate in a 5-week summer program courtesy of the Carver Center.

**Research** suggests that the most difficult transition point in education is from middle to high school. Navigating a larger environment, excelling in rigorous courses, meeting graduation requirements, and juggling competing priorities can be quite challenging. The Freshman Success Summer Academy will be the necessary bridge into high school.

**Students** enrolling in the program will participate in academic courses, participate in House, the school's advisory program, and take field trips to enhance team building and the academic program. Breakfast and lunch are provided for free each day.

**Advisory** is an integral part of the student's high school program because it helps students make new friends and form a connection to BMHS. Its mission is to prepare students for life's transitions, including career development and post-secondary opportunities, through meaningful connections. Students will participate in a weekly advisory meeting throughout the summer program.

Applications will be available at  
BMHS beginning 2/1

\*Program is dependent on funding



**PERFECT ATTENDANCE** and punctuality are expected since a great deal of material is covered in a short period of time. Students with other summer commitments should not register.



**TRANSPORTATION** will be provided to and from Brien McMahon High School.



Board of Education **CODE OF CONDUCT** policies are in effect during the summer program. Dismissal from the program based on these codes is the decision of the Summer Program Administrator, Ms. Wood.

### From our alumni...

*"I enjoyed the program and found it useful for finding my way around the school and meeting some of the teachers!"*

*"I made new friends and it was interesting!"*

*"I think this program helped me prepare for high school."*

"Being in this program really helped me and I feel confident because the teachers are not that bad and I will know what to expect. I can't wait to go to BMHS."

**"I thought the program was fun, and I had a great time."**

*"I loved this program, the academics, the teachers, the activities, were all amazing. I learned a lot not only about academics, but the overall building."*

*"I liked this program. If I could do it again, I would."*

## Course Descriptions



### THE SECRETS OF MY SUCCESS

Students will use this course to plan for their Student-Led-Conference (SLC) The format of SLC puts the student at center of the conversation in assessing their success. Students present work samples and identify areas of strengths and those in need of improvement. Parents will be invited to participate. Formal invitations will be sent home.



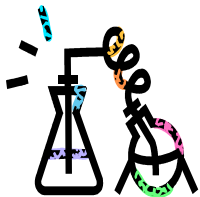
### HIGH SCHOOL 101

Students will learn the basics of navigating high school, including reading a transcript, understanding graduation requirements, earning credits in courses, and looking ahead to potential career options. Students will also use Naviance/Family Connection to develop an individualized Student Success Plan to identify needs and interests and set future goals.



### HISTORY

This course focuses on getting students ready for 9th grade world history. Using academic sources, discussion, and group work, students will investigate historical events. Students will practice research and presentation skills in preparation for 9th grade research projects.



### SCIENCE

Students will participate in hands-on activities to prepare for high school science courses. They will practice lab specific math skills, science inquiry, graphing data, collaborative and independent work habits in lab settings, while completing engaging scientific investigations.



### MATH

This course will help Students Bridge the gap between Pre-Algebra and Algebra 1. Math concepts that will be highlighted include computations, problem solving, solving equations, and graphing. Students will practice the mathematical skills necessary for success in high school.

*Brien McMahon Principal*  
Mrs. Suzanne Brown Koroshetz  
(203)852-9488 x11329  
koroshetzs@norwalkps.org

*Summer Program Administrator*  
Ms. Barbara Wood  
(203)852-9488 x11402  
woodb@norwalkps.org



## **Brien McMahon High School**

### **BMHS Freshman Success Summer Academy Application 2017**

This application includes:

- Registration Form
- Emergency Form
- Field Trip Form
- Parental Consent Form for Transfer of Confidential Information
- Photo Release Form (part of Parental Consent form)

**BE SURE TO COMPLETE ALL PARTS THOROUGHLY**



All applications will be due by

**APRIL 10, 2017**

Complete all information on the registration form. Registrations will be processed on a first-come basis and space is limited to 100 participants. Incomplete registrations will not be processed. If an email address is provided, acceptance letters will be sent via email.

Applications should be submitted to

**Barbara Wood**

**Brien McMahon High School**

**300 Highland Avenue**

**Norwalk, CT 06854**

Or by email:

**[woodb@norwalkps.org](mailto:woodb@norwalkps.org)**

Contact Barbara Wood if there are any questions.

(203)852-9488 x11402

[woodb@norwalkps.org](mailto:woodb@norwalkps.org)

To be completed by Parent or Guardian (PLEASE PRINT).

**BMHS Freshman Success Summer Academy 2017  
REGISTRATION FORM**

**DEMOGRAPHIC INFORMATION**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender: M\_\_\_\_ F\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

**CURRENT MIDDLE SCHOOL**

\_\_\_\_ Ponus Ridge MS \_\_\_\_ Roton MS \_\_\_\_ Other: \_\_\_\_\_

**BUS SERVICE (using the address above)**

\_\_\_\_ My child **will** require bus service to and from the program.

\_\_\_\_ My child **will not** require bus service to and from the program.

**PARENT/GUARDIAN CONTACT INFO**

Name \_\_\_\_\_ Relation to student: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFO (please note if information is the same as above)**

Name \_\_\_\_\_ Relation to student: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**BMHS Freshman Success Summer Academy 2017  
EMERGENCY FORM**

**EMERGENCY CONTACT INFO (Other than parent/guardian)**

In case of serious illness or injury, the student's parent or legal guardian will be contacted. If a parent cannot be reached, the BMHS Freshmen Success Summer Academy may contract the emergency contacts listed below.

**Contact #1:**

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**Contact #2:**

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION  
Complete all parts of the form.**

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

ALLERGIES (if none, write "none") \_\_\_\_\_

MEDICATION (if none, write "none") \_\_\_\_\_

MEDICAL CONDITIONS (if none, write "none") \_\_\_\_\_

DATE of LAST DIPHTHERIA/TETANUS BOOSTER: \_\_\_\_/\_\_\_\_/\_\_\_\_

Students in this program have the opportunity to participate in several field trips (see the "School Permission Slip Form" for details). When the student is on a field trip please indicate how/if the above listed allergies, medications and/or conditions might impact my child's ability to participate:

I give permission for my child to self-administer: **Acetaminophen and/or Ibuprofen** during these trips. *Please initial one or both:*

\_\_\_\_\_ **Acetaminophen**

\_\_\_\_\_ **Ibuprofen**

**BMHS Freshman Success Summer Academy 2017  
TRIP/ACTIVITY FORM**

My child has my permission to participate in the summer program field trip(s) to **(check all that apply)**:

- College/University Visit**  
Off campus field trip – Details TBD
- NYC**  
Off campus field trip – Details TBD
- SCIENCE Museum**  
Off campus field trip – Details TBD
- Lake Compounce, Bristol, CT**  
Off campus field trip – Details TBD

**BMHS Freshman Success Summer Academy 2016  
WRITTEN PARENT CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION FORM**

**Carver Foundation of Norwalk, Inc.**

Serving the Community since 1938  
7 Academy Street, Norwalk, CT 06850  
Telephone 203/838-4305  
Fax 203/838-4197

My child is currently enrolled in a summer program in partnership with Brien McMahon High School and the Carver Foundation of Norwalk, Inc. Information regarding your child's past performance will be used to help them plan for high school courses, attendance expectations, and potential post-secondary opportunities.

Teacher: *Brien McMahon Summer Academy Teachers*

School Name and Address: *Brien McMahon High School, 300 Highland Avenue, Norwalk, CT 06854*

Initial all that apply:

\_\_\_\_\_ School Performance Report from Teacher                      \_\_\_\_\_ Standardized Test Scores  
\_\_\_\_\_ Transcript and Cumulative Record Data                      \_\_\_\_\_ Other (as specified) \_\_\_\_\_

**BMHS Freshman Success Summer Academy 2016  
PHOTOGRAPHY AUTHORIZATION FORM**

I \_\_\_\_\_ hereby give permission to the Carver Foundation of Norwalk, Inc. to authorize photography of me (or my child) \_\_\_\_\_ as deemed appropriate for education, scientific, or news media purposes.

**BMHS Freshman Success Summer Academy 2016  
PERMISSION FORM**

**PLEASE INITIAL NEXT TO EACH OF THE STATEMENTS BELOW TO GIVE PERMISSION FOR EACH  
PART OF THE APPLICATION**

**EMERGENCY FORM:**

\_\_\_\_\_ In the event of a medical emergency or illness, I hereby authorize the BMHS Freshmen Summer Success Academy personnel to provide first aid, and/or to request medical treatment and transportation to a hospital. Any hospital or emergency medical personnel are authorized to provide treatment to my child of such nature as they deem appropriate and to consult with the physician listed in the Medical Information section of this document.

**FIELD TRIP FORM:**

\_\_\_\_\_ I approve my son or daughter's participation in the trips and activities I have indicated on the "Trip/Activity Form"

\_\_\_\_\_ My son or daughter agrees to be cooperative and responsible while participating on the trip. All participants must be aware that all school rules and policies continue in place during the trip. Discipline will be administered to those students who are in violation of any school rule. In an extreme case of rule infraction, parents or legal guardians will be contacted immediately to make arrangements to pick up their son or daughter from the school trip location and assume all expenses involved.

**WRITTEN PARENT CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION FOR:**

\_\_\_\_\_ I hereby request the Public Schools to release the confidential information I have initialed in the Transfer of Confidential Information section of this document to The Carver Foundation of Norwalk, Inc., staff regarding my child.

**PHOTOGRAPHY AUTHORIZATION FORM:**

\_\_\_\_\_ I authorize and consent to the use of photographs, films or video tape recordings in an educational program, publication or electronic medium, and release the Carver Foundations of Norwalk, Inc. from and responsibility thereof.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT ALL OF THE INFORMATION IN THIS PACKET IS  
ACCURATE AND COMPLETE.**

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Print Parent Name:** \_\_\_\_\_

**CODE OF CONDUCT**

**As a student in the summer program, I will be respectful and responsible. I will follow the rules of the program and make meaningful contributions to the learning community. I understand I must attend every day. If I fail to attend regularly, I will be removed from the program.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

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