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

“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.”

Course Descriptions
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.

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.

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.

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

Contact Barbara Wood if there are any questions.
(203)852-9488 x11402
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___________________________________________________________
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.
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 ___/___/____