



Monroe Public Schools

Summer Learning Academy

- Did you know that US students lose an average of 2.6 months of math learning over summer months?
- Did you know that MPS students lose an average of 12% in reading proficiency during the summer?
- You Can HELP!!!

Dear Family,

Again this year, all MPS students in grades Y5-8 may apply to participate in the **Summer Learning Academy** and have a summer camp experience!! Just like an athlete needs to exercise regularly to stay at the top of his game, so do students! During summer months students need to continue to exercise their brains, to keep the new connections made during the school year!!! **The MPS Summer Learning Academy** is designed around your child's interests and academic needs; stretching every child's reading, writing and math levels. It will be an opportunity for students to get a jump start on the upcoming school year, continue connections with friends over summer months, and engage in a fun summer camp. Students in Summer Learning Academy will:

- ◇ Participate in Summer Camp enrichment
- ◇ Research topics of personal interest through an inquiry cycle
- ◇ Choose books that they find interesting
- ◇ Engage in DreamBox and math games
- ◇ Have an iPad or Chromebook to use in their classroom
- ◇ Receive small group and individualized instruction



Important Information

- Summer Learning Academy meets from July 8-August 15.
- Hours are from 8:15am-12:15pm, Monday—Thursday.
- Free Breakfast and Lunch!
- Bussing is available .
- SLA is held at Monroe High School.

Registration Information

- Seats are limited.
- Fill out an attached application, visit the MPS website– www.monroe.k12.mi.us, or call 265-3100 to apply.
- Students who are accepted will be notified by June 15st.



SUMMER LEARNING APPLICATION

To apply for your child to attend the MPS 2019 Summer Learning Academy, please complete the following information and **return it** to your child's school **before May 15, 2019**. You may also apply online at www.monroe.k12.mi.us .

(Please Print)

STUDENT INFORMATION	
STUDENT'S LAST NAME:	STUDENT'S FIRST NAME:
CURRENT SCHOOL:	CURRENT GRADE & TEACHER:
PARENT'S NAME:	STUDENT NUMBER:
Please mark your child's top 3 Interest Camp Choices w/ 1-3: <input type="checkbox"/> Sports Camp and STEM Camp <input type="checkbox"/> Visual Arts Camp and Learning with Nature Camp <input type="checkbox"/> Cooking Camp and Theater Camp	The SLA day will provide intervention or enrichment in either literacy or math. Please mark the area where your child needs the most support. <input type="checkbox"/> Reading and Writing <input type="checkbox"/> Math

IN CASE OF EMERGENCY (PLEASE PROVIDE 2 NAMES, OTHER THAN PARENTS—WORK, RELATIVES, NEIGHBORS)			
Name	Relationship to student:	Home phone no.:	Work phone no.:
		()	()
Name	Relationship to student:	Home phone no.:	Work phone no.:
		()	()
List pertinent medical information: Allergies, medications etc.....			
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>	



FORMULARIO DE INSCRIPCIÓN



Para inscribir a su hijo para la Academia de aprendizaje de verano de 2019 de MPS, por favor complete la siguiente información y volver a la escuela de su hijo **antes del 15 de mayo de 2019.**

(Por favor escriba)

INFORMACIÓN DEL ESTUDIANTE	
APELLIDO DEL ESTUDIANTE:	NOMBRE DEL ESTUDIANTE:
ESCUELA ACTUAL:	GRADO Y MAESTROS ACTUALES:
NOMBRE DE LOS PADRES:	NÚMERO DE TELÉFONO:
DIRECCIÓN:	
Por favor marque las 3 mejores opciones de campamentos de interés de su hijo con 1-3: <input type="checkbox"/> Campamento deportivo y campamento STEM <input type="checkbox"/> Campamento de artes visuales y Campamento de aprendizaje con la naturaleza. <input type="checkbox"/> Campamento de cocina y teatro.	El día de SLA proporcionará intervención o enriquecimiento en alfabetización o matemáticas. Marque el área donde su hijo necesita más apoyo. <input type="checkbox"/> Leyendo y escribiendo <input type="checkbox"/> matematicas

EN CASO DE EMERGENCIA (PROPORCIONE DOS NOMBRES — TRABAJO, PARIENTES, VECINOS)			
Nombre	Relación con el estudiante:	Inicio teléfono no.: ()	Teléfono de trabajo no.: ()
Nombre	Relación con el estudiante:	Inicio teléfono no.: ()	Teléfono de trabajo no.: ()
Lista de información médica pertinente: alergias, medicamentos etc....			
Firma del paciente / tutor:		Fecha	