



## **WELCOME TO THE DOGHOUSE CLASS OF 2017!**

*Garfield High School INVITES you to ease into 9<sup>th</sup> grade with the*

## **Bulldog Summer Bridge Program**

- When will it happen?** July 1-July 31, Monday-Friday, 8:30am-1:30pm. (July 4<sup>th</sup> and 5<sup>th</sup> are off)  
**NO MAKE-UP DAYS, SO YOU MUST COMMIT TO ATTEND FULL 4 WEEKS FOR CREDIT**  
\*\*95 hours minimum must be met for credit (19 out of the 21 days)
- Where will this happen?** Garfield High School – a great opportunity to get to know your new school and new classmates!
- What's in it for you?** Credit! .5 elective credit will be earned by putting in 95 hours, giving you a jump start on graduation requirements.
- What's the cost?** One binder. Bring this with you on the first day!
- What happens each day?** **Monday – Friday** = classes taught by Garfield Teachers. You'll participate in Social Studies, Language Arts, Science, Math, and Advisory. Along with these classes you will become engaged with UW's Teacher Education students in a variety of exciting activities including a college visit, community service, and more!
- What will you learn?**
- 1) How to handle six rigorous courses in an academic environment and survive!
  - 2) How to set study & learning goals.
  - 3) Garfield's school culture –a jump start for feeling comfortable next year by interacting with upperclassmen who will provide tips about academic and social life at GHS.
- Excited yet? Then...** **Commit by June 1<sup>st</sup>!**  
Complete the information sheet (attached).  
Mail or drop it off at Garfield High School by June 1

*EVERYONE in the class of 2017 is encouraged to participate.  
Get a Jump Start on your next four years!*

**COMMITMENT DEADLINE June 1, 2013**

*(must be postmarked or delivered to the main office at GHS by this date)*

400 23<sup>rd</sup> Ave, Seattle WA 98122

ATTN: Meghan S. Griffin





**SEATTLE PUBLIC SCHOOLS – Garfield High School**  
**INFORMED CONSENT / PERMISSION TO PARTICIPATE**  
**2013 Bulldog Summer Bridge Program**

As parent or guardian of a student requesting to voluntarily participate in the Summer Bridge Program enrichment activities, I hereby acknowledge that I have read, understood and agreed to the following:

1. I acknowledge that this activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis or death to my child, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I have a full understanding of the risks associated with this activity and voluntarily choose to encounter that risk and permit my child to participate. I have been made aware of the field trip itinerary and understand that the Seattle School District will make reasonable efforts to provide a safe environment. The risks include, among other things: hitting stationary objects or vehicle accident while transporting to and from the trip. **(Parent/Guardian Initial)** \_\_\_\_\_
2. I certify that I have medical insurance to cover any injury that may be sustained by my child and/or have purchased student accident insurance for my child. I agree to bear the costs of any/all medical bills and any/all damages that may be caused by my child during these activities. **(Parent/Guardian Initial)** \_\_\_\_\_
3. I further certify that my child has no medical or physical conditions that could interfere with his/her safety in these activities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. **(Parent/Guardian Initial)** \_\_\_\_\_
4. I understand that transportation for these activities will be provided by:
  - District bus/vehicle or Metro bus **(Parent/Guardian Initial)** \_\_\_\_\_

As parent/guardian, I hereby give my permission for my student, \_\_\_\_\_, who attends *Garfield High School*, to participate in all Summer Bridge Program enrichment activities.

Student's address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student's home phone #: ( ) \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Medical conditions, (including **all** allergies), and medication information the District should be made aware of:

\_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

I authorize a qualified physician/surgeon to examine and in the event of injury or serious illness administer emergency care to the above named student. I understand every reasonable effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, I agree that neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, or illness. **I allow my child to participate in the above activities and agree to assume the risk for/to my child that accompanies these activities.**

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Signature of parent/guardian* *Date* *Work phone* *Home phone*

School Administrator (signature): \_\_\_\_\_