

# LEAP INTO 9<sup>TH</sup> GRADE!

Madison High School: June 24 – July 19, 2019

- ✓ Get a jump start in high school
- ✓ Discover how your brain grows and learns
- ✓ Meet your teachers & classmates
- ✓ Explore different career pathways
- ✓ Earn .5 elective credit

9AM – 12:30PM (Mon – Fri)

8:30AM: Breakfast 12:30PM:  
Lunch

Location:

Madison @ Roseway Heights  
7334 NE Siskiyou St , Portland, OR

Please return this form to  
Madison High School  
Attn: Monica Chanocua

Registration confirmations will be mailed  
May 31, 2019

Questions? Call 503-916-5220



## Student Information & Parent Signature

Student Information:

Last Name

First Name

ID #

Mailing Address

City

Zip

Primary Language Spoken at Home \_\_\_\_\_

School Information:

8th Grade School

8th Gr Math Teacher

Parent/Guardian 1:

Name

Phone

Email

Parent/Guardian 2:

Name

Phone

Email

Emergency Contacts:

Name

Relationship

Phone

Name

Relationship

Phone

Medical Information & Consent

Medical needs/allergies \_\_\_\_\_

Foods that your child cannot eat \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLEASE RETURN APPLICATION TO MADISON HIGH SCHOOL.

### Photo/Art Release

Pictures may be taken of participants or artwork may be created during classes and used in school displays. No student names will be attached when photos or artwork are used in community handouts, or educational and promotional materials that may be in print, on the Internet or on video/audiotape.

May the program take photos of your child for the above purposes?       Yes       No

May the program use your child's artwork for the above purposes?       Yes       No

### Internet Use

I give my child permission to use the Internet (supervised) for projects.       Yes       No

If you cannot be reached and to protect your child in the event of a medical emergency, please sign on the line below. This form will accompany your child to the hospital so that medical treatment can be provided. I hereby authorize Portland Public Schools and Summer staff to give consent for any emergency medical treatment deemed necessary for my child during camp hours including ambulance transport.

As my child's parent or legal guardian, I hereby agree to take full financial responsibility for any such care.

**Parent/Guardian Signature:** \_\_\_\_\_

### Participation Agreement and Acknowledgement of Risk

I, Parent/Guardian of this student, hereby give permission for my student to participate in Portland Public Schools Leap into 9<sup>th</sup> Grade activities, including but not limited to, classroom, playground and field trip activities.

I hereby state that to the best of my knowledge, my student has the necessary mental and physical skill and ability to participate in activities. As the student's Parent/Guardian, I assume full responsibility for my student for any bodily injury and/or loss of personal property and expense thereof.

I further understand and agree each student participating in the Leap into 9<sup>th</sup> Grade will be required to follow instructions and abide by PPS rules for behavior and safety. I understand that the Leap into 9<sup>th</sup> Grade program reserves the right to refuse to allow my student to participate in part or all of the activities if he/she is determined to be incapable of participating safely. Leap into 9<sup>th</sup> Grade also reserves the right to expel any student due to behavioral concerns. I further understand that in order to provide a safe and cooperative group experience, a student may be dismissed from the Leap into 9<sup>th</sup> Grade for reasons including behavior, illness or injury.

I have read and understand the statement above.

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

Portland Public Schools is an equal opportunity educator and employer.

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