

St. Francis Area Schools

SAINTS ACADEMY/SAINTS ONLINE

4111 Ambassador Boulevard NW, St. Francis MN 55070

763-753-7149 | www.isd15.org



April 16, 2018

Dear Parents and/or Guardians,

Your student has been referred for the Ninth-Grade Transition Summer Program 2018. This program is meant to be a bridge to high school and will help prepare students for ninth-grade. Introductory level high school coursework will be covered as well as topics such as organizational and study skills. Students who complete the Ninth-Grade Transition Summer School Program will get one high school credit to start off their high school curriculum.

The Ninth-Grade Transition class will be at Saints Academy Monday through Friday from Tuesday, June 5–Friday, June 29 from 8:00 a.m. to 2:30 p.m. Transportation is available if requested; please see the attached document for more information. Lunch will be served in the middle of the day for regular SFHS lunch rates or a bag lunch can be brought as well.

NOTE: If students will only be coming for half of the day they will need transportation either before or after lunchtime. Busses will only be offered at the start and end of the school day.

All enrolled students will receive transportation and schedule information the week of May 28.

Please fill out the attached enrollment paperwork and return it to the Saints Academy office or the St. Francis Middle School counseling office by Friday, May 4 for guaranteed enrollment. If you have any questions or concerns please contact any of the people below:

Erica Campbell, SFMS/Saints Academy school counselor | 763-753-7148

Brenda Langseth-Perrault, SFMS school counselor | 763-213-8535

Gail Gessner, Saints Academy office professional | 763-753-7149

Sincerely,

Scott Manni
Saints Academy principal
St. Francis Area Schools
scott.manni@isd15.org
763-753-7152

9th Grade Transition Summer School Registration 2018

June 5th - June 29th 2017

Saints Academy

Student Information		
Last Name (PRINT): _____	First Name (PRINT): _____	DOB: _____
Primary Address: _____		Phone: _____
Student ID #: _____		2018/19 Grade: <input type="checkbox"/> 9th

AM Transportation		
<input type="checkbox"/> I will be driving my student/they will be driving themselves to at Saints Academy		
<input type="checkbox"/> I will need AM busing for my student at their primary address		
<input type="checkbox"/> I will need AM busing for my student to be picked up at the following childcare address:		
Street Address _____	City _____	Zip Code _____
<u>Student AM and PM location must be consistent every day and must be in the attendance area of ISD 15</u>		

PM Transportation		
<input type="checkbox"/> I will be picking up my student/they will be driving themselves from Saints Academy		
<input type="checkbox"/> I will need PM busing for my student at their primary address		
<input type="checkbox"/> I will need PM busing for my student to be picked up at the following childcare address:		
Street Address _____	City _____	Zip Code _____
<u>Student AM and PM location must be consistent every day and must be in the attendance area of ISD 15</u>		

Student Goals

(To be filled out by Summer School Staff only)

I. CURRENT STATUS (Where is the student currently at?)	II. GOALS (Where does the student want to go?)	III. ACTIVITIES (How will the student meet their goals?)
(Check those appropriate) <input type="checkbox"/> Partially Meeting/Not Meeting Grade Level Standard(s) <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Behind in Satisfactorily Completing Coursework <input type="checkbox"/> Chronic Attendance Issue <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP Plan <input type="checkbox"/> Other _____	(Check those appropriate) <input type="checkbox"/> Increase level of Academic Achievement <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Follow Accommodations/Modifications per IEP/504 Plan <input type="checkbox"/> Other (i.e., social-emotional, study skills, vocational, transitional, parenting, personal) _____	(Check those appropriate) <input type="checkbox"/> Attend 9th Grade Handshake Summer School Programming
IV. ASSESSMENTS (How and when will the student know when they have met the goals?)	Learning Objectives	Summary
(Check those appropriate) <input type="checkbox"/> Complete Course Requirements <input type="checkbox"/> Complete Testing - MCA <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Complete Testing - Star360 <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Complete other district or individual plan requirements: _____	(Check those appropriate) <input type="checkbox"/> Complete Required Coursework <input type="checkbox"/> Improve Math Score Star360 <input type="checkbox"/> Improve Reading Score Star360 <input type="checkbox"/> Improve Math Score - MCA <input type="checkbox"/> Improve Reading Score - MCA <input type="checkbox"/> Improve Attendance <input type="checkbox"/> Improve Classroom Behavior <input type="checkbox"/> Improve Classroom Performance	2018 Goals Met <input type="checkbox"/> Yes <input type="checkbox"/> No If No, specific goal not met: <input type="checkbox"/> Increase level of Academic Achievement <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Follow Accommodations/Modifications per IEP/504 Plan <input type="checkbox"/> Other (i.e., social-emotional, study skills)

Summer School Staff Signature: _____	Date: _____
Summer School Start Date: <input type="checkbox"/> June 5th, 2018 <input type="checkbox"/> Other _____	
Student Qualifying Code (Staff Must Circle One): 1 2 3 4 5 6 7 8 9 10 11 12 13	

Student will generate over 1.0 ADM if goals not met (Per MS 124D.128; Subdivision 3; participation in the program is optional.)

Student Credit Template is available upon request.

Date Received By Summer School Office _____