

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 high school student has been referred for 2018 Summer Credit Recovery. Programing will be at Saints Academy Monday through Friday from Tuesday, June 5–Friday, June 29.

Classes

The class sessions your student has been preregistered for are as follows:

AM Session 8:00–11:00 a.m.

Lunch 11:00–11:30 a.m.

PM Session 11:30 a.m.–2:30 p.m.

Transportation

Busing is available if requested; please see the attached document for more information. If your student will only be attending half days of summer school they will need transportation as the bus will only come at the start and end of the school day.

Important note on summer school attendance

Students can only miss up to 2 full days of summer school to receive credit for their classes. If you know that your student will miss more than 2 full days please contact your counselor to look into other credit recovery options for your student.

Please fill out the attached enrollment paperwork and return it to the Saints Academy office or the St. Francis High 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, Saints Online/Saints Academy school counselor | 763-753-7148

Sam Schmidt, SFHS school counselor last names A–E | 763-213-1573

Jaymie Helle, SFHS school counselor last names F–K | 763-213-1572

Jill Salo, SFHS school counselor last names L–R | 763-213-1574

Tammy Sworsky, SFHS school counselor last names S–Z | 763-213-1571

Sincerely,

Scott Manni

Saints Academy principal

St. Francis Area Schools

scott.manni@isd15.org

763-753-7152

10th- 12th Grade Summer School Registration 2018

June 5th-June 29th, 2018 at Saints Academy

| Student Information | | |
|---------------------------------|----------------------------------|--------------------------------------|
| Last Name (PRINT): _____ | First Name (PRINT): _____ | DOB: _____ |
| Primary Address: _____ | | |
| Phone: _____ | Student ID #: _____ | 2018/19 Grade: 10th 11th 12th |

| Parent/Guardian Permission | |
|--|-------------------|
| <input type="checkbox"/> I certify that my student is under 21 years of age and qualifies under MN Statute 124D.68 Graduation Incentives Program | |
| <input type="checkbox"/> I decline Summer School services for my student | |
| Parent/Guardian Signature: _____ | Date _____ |
| Student Signature: _____ | Date _____ |

| 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 _____ |
| <i>Student AM and PM location must be consistent every day and must be in the attendance area of ISD 15</i> | |

| 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 _____ |
| <i>Student AM and PM location must be consistent every day and must be in the attendance area of ISD 15</i> | |

Student CLP 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 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 other district or individual plan requirements: _____ | (Check those appropriate) <input type="checkbox"/> Complete Required Coursework <input type="checkbox"/> Improve Math/reading Score Star360 <input type="checkbox"/> Improve Math/reading Score - MCA <input type="checkbox"/> Improve Classroom Performance | Summer School 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 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 | |