



# Summerbridge Dayton

... where tomorrow begins today

## 2009 New Student Application Packet



**SUMMERBRIDGE DAYTON: Celebrating 10 years of  
enriching the minds of our future leaders**

Summerbridge Dayton prepares at-risk middle school students for the future by enhancing their academic abilities, encouraging them to stay in school, exposing them to diverse cultures and the arts, and educating them on the importance of proper nutrition and a healthy, active lifestyle.

**Summerbridge Dayton Program Dates**  
**June 22 – July 31, 2009**  
**Monday – Friday**  
**7:50 a.m. – 3:20 p.m.**

## WHAT IS SUMMERBRIDGE DAYTON?

Visualize yourself in a classroom with only 10 students. Imagine being taught by college and high school students and taking fun classes like literature, geometry, current events, and science along with electives like drama, music appreciation, art or swimming. Envision yourself experiencing this on Wright State University's beautiful campus for six weeks during the summer. This summer, Summerbridge Dayton will select 30 seventh graders from Dayton area middle schools and bring them to Wright State University for an exciting academic experience. Summerbridge Dayton will provide students with bus transportation to and from Wright State University, a nutritious lunch, all materials, career explorations, field trips, leadership training, and year-round academic preparation. **ALL OF THIS FOR ONLY \$50.00!**

Summerbridge Dayton is a two-year program of "students teaching students." We are delighted that you are interested in our exciting educational opportunities, fun experiences, and new challenges. **To apply, please complete the entire application packet and include your \$50.00 fee. If for any reason, you are not accepted into the program, your \$50.00 fee will be refunded.** We need all of this information to help us make an informed decision about whether Summerbridge Dayton would be a good program for you.

**DUE BY FRIDAY, APRIL 10, 2009**

Mail all materials to:  
**Wright State University**  
**CUPA/225 Millett**  
**ATTN: Summerbridge Dayton**  
**3640 Colonel Glenn Highway**  
**Dayton, OH 45435-0001**

For more information on Summerbridge Dayton,  
please contact Pat Jones at [patricia.d.jones@wright.edu](mailto:patricia.d.jones@wright.edu) or (937) 775-2174.

*WEB ADDRESS:*

[www.wright.edu/cupa/summerbridge](http://www.wright.edu/cupa/summerbridge)

**INCOMPLETE PACKETS WILL NOT BE ACCEPTED.**

**Summerbridge Dayton  
-Students Teaching Students-  
2009**

**New Student Application Packet  
Due by Friday, April 10, 2009**

All items **must** be completed correctly.

**STUDENT STATEMENT**

Please complete the *Student Statement Form* in your own handwriting. **Be sure to write in pen, not pencil.** (Suggestion: complete on another sheet and once you are satisfied, rewrite on the application)

**PARENT/GUARDIAN STATEMENT**

Please have your parent(s) or guardian(s) complete the *Parent/Guardian Statement*.

**OHIO SUMMER FOOD SERVICE PROGRAM INCOME ELIGIBILITY SHEETS**

Please have your parents fill these pages out completely. All information will be kept confidential.

**RECORDS REQUEST FORM**

Please have your parent(s) or guardian(s) complete the *Records Release Form*

**TEACHER REFERENCE FORM**

Give the *Teacher Reference Form* to one of your current teachers, along with a stamped envelope addressed to Summerbridge Dayton, so that your teacher may mail the completed form directly to our office.

**PRINCIPAL/ASSISTANT PRINCIPAL FORM**

Give the *Principal/Assistant Principal Form* to your principal or assistant principal, along with a stamped envelope addressed to Summerbridge Dayton, so that your latest grades may be sent to our office.

Mail all materials, **including the \$50.00 fee payable to Summerbridge Dayton,**  
to:

**Wright State University  
CUPA/225 Millett  
ATTN: Summerbridge Dayton  
3640 Colonel Glenn Highway  
Dayton, OH 45435-0001**

For more information on Summerbridge Dayton,  
please contact Pat Jones at [patricia.d.jones@wright.edu](mailto:patricia.d.jones@wright.edu) or (937) 775-2174.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

# STUDENT STATEMENT

**Due April 10, 2009**

Please print and use a pen (black or blue ink)

## READ THIS AND SIGN BELOW

Please consider me for the Summerbridge Dayton program. If I am accepted, I will be available to attend the dates and times of the **entire** summer session:

**June 22 – July 31, 2009**  
**Monday – Friday**  
**7:50 a.m. – 3:20 p.m.**

I understand that attendance is mandatory. I will need to plan family events and vacations around program dates. **Students who miss more than five days will be dropped from the program.**

**STUDENT SIGNATURE:** \_\_\_\_\_

### About you. . .

NAME OF APPLYING STUDENT \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_  
Street Address

City State Zip

Home Phone No. \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Age \_\_\_\_\_ Gender (check one)  Female  Male

E-Mail Address \_\_\_\_\_

### About your school . . .

CURRENT SCHOOL \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address

City State Zip Code School Phone Number

Name of academic teacher who  
is writing your reference:

Name of your principal or assistant  
principal who will send your grades:

\_\_\_\_\_

\_\_\_\_\_

Students, please tell us about you by completing the following:

Two rigorous academic summers, school year tutorials, and service learning projects... We are really impressed! Tell us why you're applying to Summerbridge Dayton.

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In your opinion, what are your very best qualities? \_\_\_\_\_

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What excites you about life? \_\_\_\_\_

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Do you find school work to be: \_\_\_\_ too easy \_\_\_\_ too hard \_\_\_\_ just right

What is your favorite subject? \_\_\_\_\_

What subject is hardest for you? \_\_\_\_\_

Most Summerbridge students spend approximately two hours doing homework each night during the summer program. How do you feel about doing this amount of homework? \_\_\_\_\_

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Today is your special day. You can be anybody you want to be, go anywhere you want to go, and do anything you want to do. Write an imaginative paragraph about what you would do on this day.

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What do you like to do outside of school? \_\_\_\_\_

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What are some awards you have received? \_\_\_\_\_

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Some things that make you laugh are: \_\_\_\_\_

Some things that make you unhappy are: \_\_\_\_\_

You dream someday of being a \_\_\_\_\_

I admire (person's name) \_\_\_\_\_

because \_\_\_\_\_

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If we asked your best friend about you, what would he or she say? \_\_\_\_\_

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# PARENT/GUARDIAN STATEMENT

**Due April 10, 2009**

NAME OF MOTHER/GUARDIAN \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_  
Street Address City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Employed By \_\_\_\_\_

Business Address \_\_\_\_\_  
Street Address City State Zip

Ethnic Background (optional) \_\_\_\_\_

Education (circle highest level completed) Grade 9 10 11 12 College 1 2 3 4 Graduate Degree

NAME OF FATHER/GUARDIAN \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_  
Street Address City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Employed By \_\_\_\_\_

Business Address \_\_\_\_\_  
Street Address City State Zip

Ethnic Background (optional) \_\_\_\_\_

Education (circle highest level completed) Grade 9 10 11 12 College 1 2 3 4 Graduate Degree

With whom is the child living? \_\_\_\_\_

Name, age, and gender of other children living in the same home.


***Does your child receive free or reduced school lunch? Free \_\_\_\_\_ Reduced \_\_\_\_\_  
(The following information is necessary for Summerbridge Dayton to participate in  
the Ohio Summer Food Service Program and will be kept confidential.)***



## Ohio Summer Food Service Program for Children Income Eligibility Application for Camps and Enrolled Sites

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program for Children (SFSP). Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for the SFSP, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

**RACIAL/ETHNIC CATEGORY:** You are not required to answer this question. If you choose, please check one or more of the following racial or ethnic identities.

American Indian or Alaskan Native   
  Asian   
  Black or African American  
 Native Hawaiian or other Pacific Islander   
  White   
  Hispanic or Latino   
  Not Hispanic or Latino

**NON-DISCRIMINATION:** This facility is operated in accordance with USDA policy which prohibits discrimination because of race, color, national origin, gender, age or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

### 2007 SFSP Family Size/Income Guidelines

**Households with income less than or equal to these rates are eligible for free meal benefits.**

Household Size	Year	Month	Week
1	\$18,130	1,511	349
2	\$24,420	2,035	470
3	\$30,710	2,560	591
4	\$37,000	3,084	712
5	\$43,290	3,608	833
6	\$49,580	4,132	954
7	\$55,870	4,656	1,075
8	\$62,160	5,180	1,196
EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	\$6,290	525	121

**Privacy Act Statement:** Unless you list the child's food stamp, FDPIR, or OWF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the form does not have one, the form cannot be approved. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. These verification may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, or OWF office to determine current certification for receipt of food stamps, FDPIR, or OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the Nation School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation violations of certain Federal, State and local education, health and nutrition programs.

## Ohio Summer Food Service Program Sponsor Instructions for Gathering Income Eligibility Data For Camps and Enrolled Sites

Properly completed, sponsor approved income eligibility applications must be obtained from children enrolled in (1) residential and non-residential camps, and (2) enrolled sites.

The following criteria will allow a sponsor to receive Summer Food Service Program benefits:

1. **RESIDENTIAL and NON-RESIDENTIAL CAMPS** will be reimbursed for only meals served to those enrolled children who have a complete and approved free income eligibility application.
2. **ENROLLED SITES** must prove that at least 50% of the children enrolled at the site meet free meal eligibility criteria.

### TO COMPLETE AND QUALIFY INCOME ELIGIBILITY APPLICATIONS.

Free meal enrollments qualify by correctly completing *Part 1* or *Part 2* of the Ohio Summer Food Service Program Income Eligibility Application.

*Part 1* – For Children receiving food stamps, Ohio Works First, or FDPIR.

1. **Food Stamps**- a household receiving food stamps need only provide its current **Food Stamp case number** and the **adult household member signature**. The enrolled child(ren) listed must be members of the food stamp household. The completion of these two items automatically qualifies the child for free meals.  
Or
2. **Ohio Works First (OWF)** – Ohio’s equivalent to TANF. The **OWF identification number** of the enrolled child(ren) and the **adult household member signature** is required. The enrolled child(ren) must have an active OWF identification number. The completion of these two items automatically qualifies the child(ren) for free meals.  
Or
3. **Food Distribution Program on Indian Reservations (FDPIR)** – The **FDPIR identification** number of the enrolled child(ren) and the **adult household member signature** is required. The enrolled child(ren) must be a member of a household receiving benefits through FDPIR. The completion of these two items automatically qualifies the child(ren) for free meals.  
Or

*Part 2* – For Children **NOT** Receiving Food Stamps, OWF, or FDPIR

4. **Family Size and Household Income** – List the **names of all household members** and each **members income** by source. An **adult household member signature** and **Social Security number** of the signer is required to complete Part 2 of the application. Compare the number of household members and total household income to the Family Size/Income Guidelines on the back of the application. If the household income is the same or less than the amount listed b the applicant, the application qualifies the child(ren) for free meals.

### Income to Report

<u>Earnings from Employment</u>	<u>Welfare/Child Support/Alimony</u>	<u>Pensions/Retirement/Social Security</u>
Wages/salaries/tips Strike benefits Unemployment compensation Worker’s compensation Net income from self-owned business or farm	Pensions Supplemental Security Income Retirement income Veteran’s payments Social Security	Disability benefits Cash withdrawn from savings Interest/dividends Income for estates/trusts/investments Regular contributions from persons not living in the household Net royalties/annuities/net rental income Any other income
<u>Welfare/Child Support/Alimony</u> Public assistance payments Welfare payments Alimony/child support payments		

**Household** income is only needed when completing Part 2. Current income means income received during the month prior to the application for meal benefits. If this figure accurately reflects monthly household income, it may be projected as household income for the coming months. Otherwise, the projection should be adjusted to be as accurate as possible.

**For Sponsor Use Only:** A sponsor representative is responsible for totaling the household income, identifying the application as approved or denied, dating and signing the completed application. All signatures must be original.

#### **FOSTER CHILDREN:**

For sponsors enrolling children who are living in foster homes, additional information will need to be obtained from the family. In those cases where the human service agency has placed a child in a permanent home and /or subsidizes the adoption of the child, the child is considered as a member of the family household with whom he or she resides. If this describes the foster child, TOTAL family size, including the child, and TOTAL gross family income, including subsidy from the human service agency should be used.

In those cases where the human service agency is legally responsible for the child, and the foster home is, in fact, an extension of the agency, the foster child is considered as a household of one. For purposes of determining eligibility, the following guidelines are to be used:

- 1 The foster child is considered a household of one; and the foster parents' household size or income is not used to determine eligibility.
- 2 Funds provided by the welfare agency which are specifically identified by category for personal use of the child for items such as clothing, school fees, and allowances are counted as income. Funds identified for shelter and care, and medical and therapeutic needs are not considered as income for the child. Where welfare funds cannot be identified by category, no portion of the provided funds are considered as income.
- 3 Funds personally received by the child such as funds received from trust accounts, monies provided by the child's family for personal use, and earnings from full-time and regular part-time employment are to be considered as income for the child. Occasional earnings should not be considered as income.
- 4 The application must be signed by an adult member of the foster home; however, a social security number is not needed for the foster child's application.

#### **CIVIL RIGHTS INFORMATION**

Households are not required to answer this question to receive meal benefits. However, this information will help ensure that everyone is treated fairly.

#### **MAINTAINING RECORDS**

Ohio Summer Food Service Program Income Eligibility Applications received from a child **MUST** be kept by the sponsor for at least three (3) years plus the current year, or longer if the form is part of an unresolved audit.

What would you say are your child's greatest strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel your child needs to work on?  
ACADEMICALLY \_\_\_\_\_  
\_\_\_\_\_

PERSONALLY \_\_\_\_\_  
\_\_\_\_\_

Why would you like to see your child enrolled in the Summerbridge Dayton program? \_  
\_\_\_\_\_  
\_\_\_\_\_

The summer program begins every morning at 8:00 a.m. We will pay for your child's transportation costs on the RTA bus system to and from Summerbridge Dayton.  
Do you give your child permission to ride the RTA? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain concerns, if any: \_\_\_\_\_

Summer Orientation will be held on Saturday, May 30, 2009. We ask that all students attend with a parent, guardian, or older family member. It is during this session that students select their courses. Do you see any possible conflicts with this date if your child is accepted? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain concerns, if any: \_\_\_\_\_

Summerbridge Dayton offers two summer sessions, as well as a year-round program, which includes monthly Summerbridge Saturdays, counseling regarding high school options, and community service, cultural, and leadership opportunities. In addition to the two summer sessions, students are expected to participate in the year-round program. Will you support your child's participation in these programs?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain concerns, if any: \_\_\_\_\_

How did you hear about Summerbridge Dayton?  
 Attended recruiting event  Sibling attended  
 Friend/co-worker  School counselor/teacher/principal  
 Website  Other \_\_\_\_\_

**SUMMERBRIDGE DAYTON 2009  
RECORDS REQUEST FORM**

**Request for Permission to release school record information to a third party**

In order for us to assess the effectiveness of our program, we need to track student achievement beginning when they enter our program and continuing into their high school years. Student grades and standardized test results are the most useful tools available. All student information will remain confidential. Please fill out and sign this form as your consent for us to request information from your child's school/school district.

**RELEASING AGENCY (School District):** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Last School Attended:** \_\_\_\_\_

**High School Student will Attend** \_\_\_\_\_

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**TO BE RELEASED TO:** Summerbridge Dayton at Wright State University  
3640 Colonel Glenn Highway/225 Millett Hall  
Dayton, Ohio 45435-0001  
(937) 775-2174 Fax: (937) 775-2422

I consent to the release of those records as indicated above.

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

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**READ THIS AND SIGN BELOW**

Summerbridge Dayton will provide a free program and that will include two rigorous academic summers, school year tutorials, community service projects, and cultural opportunities. The program will stress academic excellence, cooperation, creativity, leadership, and multicultural awareness. "My child and I have discussed these forms and we understand the commitment. We, as a family, are ready to fully participate in this two-year commitment with Summerbridge Dayton."

PARENT'S SIGNATURE \_\_\_\_\_

Mail **ALL** materials together **BY APRIL 10, 2009** to:

**Wright State University  
CUPA/225 Millett  
ATTN: Summerbridge Dayton  
3640 Colonel Glenn Highway  
Dayton, Ohio 45435-0001**

For more information on Summerbridge Dayton,  
please contact Pat Jones at [patricia.d.jones@wright.edu](mailto:patricia.d.jones@wright.edu) or (937) 775-2174.

*CHECK US OUT ON THE WEB:*  
[www.wright.edu/cupa/summerbridge](http://www.wright.edu/cupa/summerbridge)

**INCOMPLETE APPLICATIONS WILL  
NOT BE ACCEPTED.**

**PLEASE REMEMBER TO INCLUDE YOUR \$50.00  
FEE PAYABLE TO SUMMERBRIDGE DAYTON.**

# TEACHER REFERENCE FORM

Due April 10, 2009

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Subject(s) \_\_\_\_\_

Dear Teacher:

The student above is applying to Summerbridge Dayton—an academic enrichment program, with a teaching staff of high school and college students interested in education. The program seeks motivated students to participate in its two six-week summer sessions (one after the 7<sup>th</sup> grade and one after the 8<sup>th</sup> grade).

Applicants are required to submit a teacher reference form. We would appreciate your candid responses to our questionnaire, which will be kept confidential. **Please fill out this form in its entirety.** If you have any questions regarding this program, please contact Pat Jones at [patricia.d.jones@wright.edu](mailto:patricia.d.jones@wright.edu) or (937) 775-2174. Please return this form by April 10, 2009. *CHECK US OUT ON THE WEB:*

[www.wright.edu/cupa/summerbridge/](http://www.wright.edu/cupa/summerbridge/)

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Are you aware of any special interests, talents, or abilities this student has that would be helpful for us to know? Please be specific.

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How could Summerbridge Dayton benefit from this particular student? What might this student bring to our program?

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I recommend this student to the Summerbridge Dayton program.

\_\_\_\_\_ With great enthusiasm

\_\_\_\_\_ With confidence

\_\_\_\_\_ With some confidence

\_\_\_\_\_ With reservation

\_\_\_\_\_ I do not recommend

Please provide your reasons below:

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Teacher's Signature \_\_\_\_\_

Teacher's Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Mail *Teacher Reference Form* to:

**Wright State University  
CUPA/225 Millett  
ATTN: Summerbridge Dayton  
3640 Colonel Glenn Highway  
Dayton, Ohio 45435-0001**

**PRINCIPAL FORM**

**Due April 10, 2009**

\_\_\_\_\_ (*applicant's name*) is applying to Summerbridge Dayton—an academic enrichment program, with a teaching staff of high school and college students interested in education. The program seeks motivated students to participate in its two, six-week summer sessions (one after the 7<sup>th</sup> grade and one after the 8<sup>th</sup> grade). As her/his principal (or assistant principal):

- I recommend this student for the Summerbridge Dayton program.
- I do not recommend this student for the Summerbridge Dayton program.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal's or Assistant Principal's Signature

\_\_\_\_\_  
Date

We also ask your assistance with the application process by providing school records to the Summerbridge Dayton office. Please send the following item(s) to Summerbridge Dayton by Tuesday, April 10, 2009.

- Most recent REPORT CARD**
- Attendance Records**

**PLEASE NOTE THAT WE WILL REQUEST STUDENT ATTENDANCE AND GRADE REPORTS QUARTERLY.**

Mail *principal reference form* and other materials to:

**Wright State University**  
**CUPA/225 Millett**  
**ATTN: Summerbridge Dayton**  
**3640 Colonel Glenn Highway**  
**Dayton, OH 45435-0001**

For more information on Summerbridge Dayton,  
 please contact Pat Jones at [patricia.d.jones@wright.edu](mailto:patricia.d.jones@wright.edu) or (937) 775-2174.  
[www.wright.edu/cupa/summerbridge](http://www.wright.edu/cupa/summerbridge)

## *-2009 Summerbridge Dayton Student Code of Conduct-*

It is our goal at Summerbridge Dayton to prepare students to excel in rigorous high school programs, as well as to enrich the experience for high school and college students interested in teaching. Since we only have six weeks to reach these goals, we have found it necessary to create guidelines that will encourage the best possible learning environment. The following guidelines will enable student behavior and a learning environment that fosters respect and responsibility for all at Summerbridge Dayton.

### Respect

The most important guideline for Summerbridge Dayton is RESPECT. We ask that everyone treat themselves and others with respect.

Ways that we demonstrate respect are:

- *Using appropriate behavior.* Any behavior that causes a disruption of the Summerbridge Dayton environment and/or prevents a teacher from carrying out the mission of Summerbridge Dayton is unacceptable. Summerbridge Dayton participants will be respectful of all property, whether it belongs to a fellow student or teacher, Wright State University, the Greater Dayton RTA, or any other location where a Summerbridge Dayton activity may take place. Inappropriate behavior will result in a conference with parents/guardians and possible suspension.
- *Using appropriate language.* Profanity or other inappropriate language is unacceptable. Inappropriate language neither represents the excellence nor the spirit of Summerbridge Dayton. Inappropriate language will result in a conference with parents/guardians and possible suspension.
- *Dressing for respect.* Summerbridge Dayton is not a fashion show. It is a serious academic program. Therefore, we encourage students to dress comfortably and appropriately. Inappropriate dress may result in the student being sent home for the day.

The following kinds of clothing or accessories are not acceptable: do-rags or wave caps; items that advertise drugs, alcohol, sex, or otherwise inappropriate things; items that do not appropriately cover wearer's body (e.g. cropped shirts, muscle shirts, Daisy Dukes and short skirts); items with messages that are offensive or inappropriate; items such as pagers, cell phones, compact disc players, radios, and video games.

## Attendance

Summerbridge Dayton is a wonderful opportunity that can help students make the most of their education. We have the following attendance expectations and policies because students need to be here every day in order to reap the benefits of Summerbridge Dayton.

- We expect students to be here every day except in the case of emergency, death, or extreme illness. The summer session is only 29 days long and a missed day means missed learning. **Students who miss more than five days will be dropped from the program.**
- We expect students to be early for the bus and be sure to catch it. If a student misses the bus, he or she must call Summerbridge Dayton immediately. **Parents are required to call if their child will be absent (775-2174). Staff may contact the parents if the child is absent and no phone call has been placed.**

## Homework

We take homework seriously at Summerbridge Dayton because it provides students a chance to master skills and also take responsibility for their learning. Completing homework and doing it well is an essential skill for success in high school and college; therefore, we have the following homework expectations and policies.

- Teachers for academic classes (language arts, math, science, and social studies) assign approximately 30 minutes worth of homework each night (2 hours per day).
- Homework is not assigned over the weekend.
- If an emergency arises and students are unable to complete homework, a parent or guardian must explain the situation in writing. This letter should be presented to the student's academic teacher. This is the only acceptable clearance for a student's tardy homework.
- Students are expected to complete all of their homework for all classes every day.
- Incomplete homework is considered "no homework".
- Students are expected to do their best work on all homework assignments.
- Students are provided with the necessary supplies needed for Summerbridge Dayton (notebook, pens, and pencils). Students are asked to bring these supplies with them every day. There is no excuse for being unprepared.

## Making New Friends

We encourage Summerbridge Dayton students to make new friends; however, the atmosphere is to remain respectful. **There is zero tolerance for romantic relationships and public displays of affection.** The focus will be on meeting new people and learning to appreciate people for their own unique personalities. **There is no tolerance for any activity that may physically or emotionally hurt students, student teachers, visitors, or other members in the community.**

## Eating Healthy

What you eat affects how well you are able to think and perform. Summerbridge Dayton provides daily lunch. **No outside food, drink, or candy is permitted on the campus.** The only exception is water in water bottles. During lunch, students are not permitted to drink pop and must have milk and water daily. **If you are lactose intolerant or allergic to milk products, a note must be written by the parents/guardians and given to the Summerbridge Dayton Director. This is the only excuse that will be accepted for not drinking milk.**

## Bus Behavior

The RTA bus system is allowing Summerbridge Dayton to use it as a means of transporting students to and from Wright State University. We expect all rules and regulations set forth by Summerbridge Dayton to be followed on the bus. Failure of compliance with Summerbridge Dayton rules and RTA rules will result in immediate dismissal from the RTA bus system. If this situation occurs, the parent(s) or guardian(s) will be responsible for their child's transportation to and from the Summerbridge Dayton location throughout the remainder of the summer.

## Rules of Summerbridge Dayton

1. I will do my best to follow the Summerbridge Dayton Code of Conduct.
2. I will never do anything to harm another or myself physically or emotionally.
3. I will be in assigned class areas during class time and in assigned areas during non-class time. I will be prepared to work in my classes and actively participate.
4. I will obey the teacher's directions quickly, quietly, and without creating a disturbance.
5. **I will not bring cell phones, CD players, MP3 players, iPods, or video games to Wright State University's campus. If I do so, I am aware that it will result in immediate confiscation and a phone call home. Summerbridge Dayton understands a student's need to have a cell phone, but it must be turned off during class time. If a student is caught using a cell phone during class, it will be confiscated and turned in to the program's director. Summerbridge Dayton is not responsible for loss or theft of any electronic device.**
6. **I will not bring any illegal substances, guns, knives, or any other type of weapon to Wright State University's campus. If I do so, I am aware that it will result in immediate expulsion from the summer and year-round program, as well as possible contact with University Police.**

**NOTE: Specific class rules will be determined within each class between the teacher and the students.**

### **The Discipline Action is as follows:**

#### First Offense

- Conference with the Teacher.
- Letter of apology from the student.

#### Second Offense

- Conference with the Teacher and Director.
- Students call parent(s) or guardian(s).

#### Third Offense

- Conference with the Director, Teacher, and Parent(s)/Guardian(s).
- Possibility of expulsion from the program.

**All offenses will be noted in writing, signed by the student, and placed in the student's file.**

## Student Participant

I have read the Summerbridge Dayton Code of Conduct and understand what is expected of me. I agree to follow the rules. I also understand that upon breaking the rules I will be expected to take responsibility for my actions; meaning, I may be expected to write a letter of apology, call my parents, or attend a conference(s) with the Director, Teacher and/or my parents/guardians.

By receiving three offenses, I accept the consequences described in the policy, including the possibility of expulsion from the program, relinquishment of the privilege to attend Summerbridge Dayton in the future, and relinquishment of the privilege to apply for the Cornelius Martin Summerbridge Endowed Scholarship to attend Wright State University.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Student Name

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### Participant's Parent(s)/Guardian(s)

I have read and understand the Code of Conduct to which my son/daughter has agreed. I will support my child in keeping this agreement.

Signature of Parent(s)/Guardian(s)

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Date \_\_\_\_\_

**PLEASE SIGN AND RETURN THIS PAGE ONLY.  
KEEP THE CODE OF CONDUCT FOR YOUR  
REFERENCE.**

~ Summerbridge Dayton/Wright State University ~  
 ~ 2009 Emergency Medical Information Form ~

One copy of this form must be completed annually by each family. Please print clearly and complete entire form. This information will remain confidential.

\_\_\_\_\_  
 Student's Last Name                      First Name                      Date of Birth

Student's Social Security Number (in case of need for medical attention) \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

**EMERGENCY INFORMATION**

**List two persons who should be contacted if the Parent/Guardian cannot be reached**

Name _____	Name _____
Phone _____	Phone _____
Relationship to Student _____	Relationship to Student _____

**PHYSICIAN/DENTIST INFORMATION**

Physician's Name _____	Dentist's Name _____
Address _____	Address _____
Phone _____	Phone _____

Medications	Allergies	Other Conditions

**IN CASE OF AN EMERGENCY, PLEASE TAKE INDIVIDUAL TO:**

Children's Medical Center   
  Grandview Hospital   
  Wright-Patt Medical Center  
 Good Samaritan Hospital   
  Miami Valley Hospital   
  Other: \_\_\_\_\_

In case of accident or serious illness, I request Wright State University to contact me. If the University is unable to reach me, I hereby authorize the University to call the physician/dentist indicated above and to follow his/her instructions. If it is impossible to contact this physician/dentist, the University may make any arrangements that seem necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ASSUMPTION OF RISK AND RELEASE**

I (the undersigned) assume responsibility for any injury, loss, or damage resulting directly or indirectly from my child's (name/age) \_\_\_\_\_

\_\_\_\_\_ participation in

**Summerbridge Dayton** from **June 22-July 31, 2009** at Wright State University and will not institute any negligence or other claim against Wright State University, its agents, or any other person(s) who could be held liable in either their individual or official capacities and agree to hold the above named parties harmless from liability for any personal or property injury.

I attest and verify that my child has no known medical problems or conditions which would prevent him/her from participating in this activity; and in case of a medical emergency, I authorize Wright State University, or its duly authorized agents to transport my child to a health facility/hospital for medical care if it is deemed necessary. I further authorize such physician, health facility, or hospital to perform any emergency procedures necessary to provide my child with medical treatment. I have read and understood the foregoing and voluntarily sign this release as my own free act and deed.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Parent/Guardian (Signature)