

For office use only

Date submitted:

Student ID#

Parent signature:

Technology form:

SA Site:

Liberty Public Schools#53

Summer School 2021

Out of District

Grades K-8 Enrollment

K-8 Face-2-Face Circle Yes or No

1-8 Virtual Program Circle Yes or No

Dates: June 3 to June 30 Bus Transportation Deadline: April 6th

Kid's Zone Before/After School Care Deadline: April 6th

*Please circle the site you would like your child to attend for Summer School. The summer school secretary will call you once your student has been enrolled.

Elementary Sites (K-5) Face to Face

Early Start Schools 7:45AM - 2:45PM

Site

Kellybrook
Liberty Oaks
Shoal Creek

Feeder Schools

Kellybrook
Liberty Oaks/Alexander Doniphan/BEST/ESC/ELL
Out of District

Late Start Schools 8:15AM - 3:15PM

Site

Lillian Schumacher
Ridgeview
Warren Hills

Feeder Schools

Franklin/ELL
Manor Hill/BEST/TLC/ESC/ELL
Lewis & Clark

Middle School (6-8) Face to Face

Hours: 7:15AM - 2:20PM

Site

Liberty Middle School

LMS/HMS/SVMS/HMS
BEST/ELL/TLC & ESC Program

Center Stage (6-8)

Liberty High School Performing Arts Theater

Hours: 8:00AM - 2:45PM

____ Session 1A Frozen KIDS

June 3 - June 15 8:00 - 11:00

____ Session 1B Frozen KIDS

June 3 - June 15 11:45 - 2:45

***Frozen KIDS evening performance on Tuesday, June 15 @ 6:00 p.m.**

____ Session 2A Jungle Book KIDS

June 16 - June 30 8:00 - 11:00

____ Session 2B Jungle Book KIDS

June 16 - June 30 11:45 - 2:45

***Jungle Book KIDS evening performance on Wednesday, June 16 @ 6:00 p.m.**

Virtual Summer School (Grades 1-8)

Hours: 7:45AM - 2:45PM

Student Information:

PLEASE PRINT

Student's Legal Name (No nicknames please)

Last _____ First _____ M.I. _____

Date of Birth _____ [Male] [Female]

Home Phone _____ Grade Next Year _____

Residential Address _____

City _____ State _____ Zip Code _____

Current School _____ School Next Year* _____

Has your child ever attended Summer School? Yes _____ No _____

If yes, what school did he/she attend? _____

Parent E-Mail Address _____

Guardian/Emergency Information:

Parent/Guardian #1 _____ Relationship _____

Day Phone _____ Home Phone _____ Cell Phone _____

Parent/Guardian #2 _____ Relationship _____

Day Phone _____ Home Phone _____ Cell Phone _____

Student Name _____ **Summer School 2021**

Emergency Contact Person _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Health Information:

Please list/describe any health concerns (vision/hearing difficulties, diabetes, asthma, seizure disorders, allergies, activity restrictions, orthopedic problems, mental health/emotional concerns, or special health procedures that will need to be done during Summer School)

Is your child allergic to anything? [Yes | No If Yes, please explain _____

Please list any daily medication(s) your child takes at home or at school on a regular basis:

| Medication | Dosage | Times | Reason |
|------------|--------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Summer School Discipline Policy:

Summer School will be a fun-filled and challenging learning experience for students. To ensure that all students are safe and able to learn, the same behavior appropriate during the regular school year will be expected. Students are expected to treat all staff and students at school with respect, as well as respect the property of others, while demonstrating safe and appropriate behavior in and about the school. To assist students in developing desirable behavior habits, educators will provide an environment that is safe, positive, and challenging. Students feel safe and learning improves when they have clear, logical, and consistent boundaries. Teachers and administrators work as a team to provide the needed structure and support to help each student learn to take responsibility for their actions. Parents/Guardians will be kept informed on any concerns and will be asked to partner with the school in helping their children learn to make good choices. The Summer School program will not utilize detentions or in-school suspension because of limited summer staff. Because of this, during an instance where a detention or in-school suspension would be an appropriate consequence, students may be sent home or asked not to attend part, or the remainder of the Summer School program.

Your signature acknowledges that you have read and understand the expectations of behavior during the Summer School program and that the information you have provided to enroll your child in this program is true and accurate to the best of your knowledge.

***Parent/Guardian Signature** _____ Date _____

If you have any questions, please call the Summer School office at 816-736-6730.

Please return this form to the Student Services Office located in the District Administrative Center at 8 Victory Lane Liberty, MO. Office hours are 7:00 a.m. to 4:00 p.m. Closed daily from 12:00 p.m. to 1:00 p.m. Email: student.services@lps53.org Office (Fax: (816)736-5305.

Bulletin: The Missouri General Assembly may adjust funding for summer school at any time. As a result, the Liberty Summer School program may be adjusted or modified based on available state funding.

TECHNOLOGY USAGE
(Parent/Guardian Technology Agreement)

I have read the Liberty 53 School District Technology Usage policy and procedure. I understand that violation of these provisions may result in disciplinary action taken against my child including, but not limited to, suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child. I agree to be responsible for any damages incurred by my child.

I give permission for my child to utilize the school district's technology resources.

I do not give permission for my child to utilize the school district's technology resources.

I understand that this form will be effective for the duration of my child's attendance in the district unless revoked or changed by the district or me.

Printed Name of Student: _____

Name of School: _____

Signature of Parent/Guardian

Date

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented:

Revised: 2/2015

Liberty 53 School District, Liberty, Missouri