

Project Innovation
Summer 2020 Student Application



Your child is invited to apply to Project Innovation! This program mirrors our diverse and fully integrated classrooms. Join us for an exciting and inclusive summer learning opportunity where students collaborate with their peers and engage in projects that answer complex questions and offer solutions to real-world problems! While most of the day students are engaged in project based learning, there is a daily 40 minute intervention block for students to pursue their individualized learning goals.

Who: ALL Students currently enrolled in grades K-8
Where: Distance Learning
When: July 6, 2020 – August 14, 2020
Monday-Friday

Please return as soon as possible. Given the extended closure due to COVID-19, we will be making decisions about Project Innovation based on guidance from the State.

Student Name: _____
(First) (M.I.) (Last) (DOB: MM/DD/YYYY)

Home Address: _____
(Street) (City) (Zip code)

Parent/Guardian Name(s): _____
(First) (Last) (Relationship to Student)

Parent/Guardian Name(s): _____
(First) (Last) (Relationship to Student)

Parent/Guardian Phone: _____
(Home) (Cell) (Work)

Parent/Guardian Email(s): _____

Emergency Contact: _____
(Name) (Phone #) (Relationship to Student)

Photo Consent:

Photographs may be taken during the summer program by local media. Please check below if you ***do not*** want your child's photograph or name used for any purposes.

____ I **DO NOT** WANT MY CHILD'S PHOTO AND/OR NAME RELEASED FOR ANY REASON

MEDICAL INFORMATION: In case of emergency, I understand that my child will be transported to the nearest medical facility and that I will be notified as soon as possible. I give my consent and authorization for any first aid medical treatment to be made including any diagnostic procedure, medical, dental, surgical care and hospitalization determined advisable by any physician, dentist or hospital personnel providing health to my child.

Please list any allergies to conditions your child has (i.e., medications, sun, food, plants, bee stings, motion sickness, etc.) _____

Please list any major illness or injury, including chronic conditions (asthma, diabetes, and seizures):

Please list any medications your child takes: _____

Project Innovation Code of Conduct

As a student at Project Innovation, I will empower all learners by:

- **Following all school rules**
- **Coming to the program every day, on time and ready to think critically, ask questions and learn**
- **Being kind to myself and others**
- **Working collaboratively with a commitment to shared success**
- **Being responsible for my actions and words**

If accepted to Project Innovation, my child and I agree to the Code of Conduct.

Parent/Guardian signature: _____ Date: _____