



THE CRAIG SCHOOL

Welcome to the Craig High Summer Academy:

Here is what you need to know:

- **Summer School Calendar**-Summer school starts on MONDAY, JULY 8th and runs through THURSDAY, AUGUST 1st. Our program meets MON-THURS which makes for a nice long weekend for everyone!
- **Morning Arrival:** First period is 8:50AM but students can arrive anytime between 8:00AM and 8:45AM. Upon arrival students will be gathering in room 101 which is our student lounge. Our break bar and cereal bar will be open each and every morning for breakfast.
- **Afternoon Dismissal:** Dismissal is at 12PM. Parents/Drivers can arrive anytime between 11:30-12PM and they will pull all the way through our horseshoe driveway to create a line and make room for the next car to pull in. For those students heading to Mt. Lakes for the Afternoon Enrichment Program, we will provide a shuttle to get them there.
- **Student Orientation:** Student orientation will be held on opening morning and be facilitated by Dr. Cap. Schedules will be handed out and reviewed during orientation.
- **Summer Courses/Periods:** Students will have a 5 period morning including LITERATURE, MATH, WRITING and MULTI-MEDIA PRESENTATIONS. The additional period will be a designated Independent Support Period where they can work on their summer reading book or work one-on-one with a chosen teacher.
- **Break Time:** Break time is a mid-morning opportunity for students to unwind and have a snack/drink. We will have our break bar open (everything a \$1) or they are welcome to bring their own.
- **Summer School Supplies:** School supplies that students will need to bring are
 - binder with at least 4 sections/tabs
 - pen/pencil
 - graphing calculator (TI-83)
 - Memory stick
 - Head phones
- **Summer Reading:** All high school students have required reading for summer. Students from outside Craig should bring their required reading with them. CHS students (current and future) should choose a book from our summer reading list and have that for the first day of summer.
- **Summer Progress Reports/Portfolios:** During the final week of summer school, teachers will be sending home a summer progress report and individual content portfolios.
- **Absences/Running Late/Early Pick Up:** If a student is going to be absent, late, or leaving early, please call Mrs. Maas at (973)334-1234. Also let her know if there is a week that a student will not be attending summer school.

Please make sure to fill out the enclosed TRANSPORTATION INFO form and the EMERGENCY INFO form and return them by the first day of summer school. If your teen is attending the afternoon program in Mt. Lakes, you will need to fill out the MEDICAL CLEARANCE form. If you have any questions about anything, please do not hesitate to touch base with me at ECaparulo@craigschool.org

Here's to a great summer,

Dr. Cap
Eric M. Caparulo, D.Ed.
Director, Craig High School



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TRANSPORTATION INFORMATION BUS COMPANIES/CAR POOLS

We are sure that you are aware of the importance of maintaining a current and accurate account of phone numbers should it become necessary to contact the bus companies or other form of transportation. If any of the following information changes throughout the school year, please inform the office.

Student's Name: _____ Age: _____ Grade: _____

Bus Co: _____ Other (Veh, Description) _____

Address: _____
Street City State zip

Phone: () _____ Fax: () _____

Contact Person _____

Bus Driver's Name/Cell Phone: _____

Names of students transported: _____

Car Pool Driver's Name/Cell Phone: _____

Contact Person (if bus or car pool unavailable)/Phone Number: _____

Relationship to student: _____

2nd Contact Person/Phone Number: _____

Date form completed: _____

This information must be returned prior to start of summer school.



THE CRAIG SCHOOL

SUMMER EMERGENCY/ MEDICAL INFORMATION

Student's Name: _____ Student's age: _____ Student's grade: _____

Parent 1: _____ Parent 2: _____

Home Address: _____

Street

City

State

Zip

Home Phone: () _____ Email: _____

Parent 1-work phone: () _____ Parent 2- work phone: () _____

Parent 1- cell phone: () _____ Parent 2- cell phone: () _____

Contact person (if parent unavailable): _____ Relationship to student: _____

Contact's Address: _____ Phone: () _____

2nd Contact : _____ Phone: () _____

Doctor's Name: _____ Phone: () _____

Doctor's address: _____

Hospital affiliation: _____ Address: _____

List any and all prescription medication you give your child including dosage and time:

Allergies: _____

Other relevant information in case of emergency (e.g., past medical history):

Date of most recent physical exam _____

*****If any information changes during the school year or summer program, please call the office or send a note.***

In case of medical emergency I will be called. In the event that a parent or guardian cannot be reached, I agree that The Craig School staff will make any medical decision deemed necessary. I agree to assume the financial responsibility for such treatment.

Signature of Parent/Guardian

Print Name

Date

NOTE: THIS FORM MUST BE COMPLETED FOR ALL STUDENTS AND RETURNED ASAP



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THE CRAIG SCHOOL ENRICHMENT AFTERNOON SESSION MEDICAL CLEARANCE FORM

I. TO BE COMPLETED BY A PARENT

Camper's Name		DOB		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			City/State		Postal Code
Emergency Contact #1	Name: Relationship:	Home #1	Cell #:	Work #:	
Allergies (please list)					
Health History		<input type="checkbox"/> Mumps <input type="checkbox"/> Diabetes	<input type="checkbox"/> German Measles <input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Measles <input type="checkbox"/> Epilepsy	
Operations or serious injuries			Disabilities or chronic illness		
Dietary problems or modifications			Current Medication		

PARENT AUTHORIZATION: I certify that the individual named above is in good physical condition and is capable of taking part in all camp activities. If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency number provided. If contact with me is not possible I give permission for emergency transport and medical attention to be administered.

Parent's Signature _____

Date _____

II. TO BE COMPLETED BY A PHYSICIAN

Height	Weight	Blood Pressure			
Eyes	Heart	Extremities	Ears	Throat	
Hernia	Lungs	Skin	Nose	Abdomen	Posture
Any physical disabilities?					
Are there any medications to be administered at camp?		<input type="checkbox"/> No	Specify Dose Allergies		
Restricted Activities					

Please attach a signed/stamped copy of the most recent Immunization record.

PHYSICIANS AUTHORIZATION: I have examined the above named camper. It is my opinion that he or she may participate in all activities, except as noted.

Physician signature _____

Date _____

Phone Number _____

Address _____