Franklin High School invites you to our no-cost Power Up Summer Program. Join us to get to know your way around school and learn what to expect in your first year in high school. Get a jump start on high school and meet other incoming 9th graders!

- July 8 to August 2, Monday through Friday from 9:00 am to 3:00 pm
- Free breakfast and lunch available
- Dynamic academic program to prepare 9th grade scholars for success
- Earn an elective credit towards high school graduation
- 10 hours of service learning hours towards graduation requirement
- Friday field trips & service projects

Need an application or have questions?
Contact our POWER UP registration at aethomas@seattleschools.org or call 206-252-6282
ABOUT THE PROGRAM

Power Up is a 5 week summer program for incoming 9th grade scholars to Franklin High School. The program will focus on preparing scholars for high school and the mission of FHS through academic learning and hands-on experiences. This program is offered in partnership with Seattle Public Schools and the City of Seattle. **Upon completion students will earn a .5 elective credit and 10 service hours towards graduation.**

**Selection Criteria:** Participants will be selected to attend based on their application, academic profile, input of school & program staff, and commitment. Our funding requires that the majority of students served have performed below grade level in reading or math based on the MSP or MAP data and 8th grade core class grades **OR** attended Franklin’s main feeder schools. Students who do not match the criteria will be considered based on teacher, counselor, or administrator recommendations. We do not have the capacity to provide services for students who are in more than 3 Special Education or English Language Learning (ELL) classes in a day.

**Additional Details:**

◊ **Breakfast and Lunch** are provided for all students

◊ **Summer ORCA cards** will be available for students who need them

◊ **Students are expected to attend the entirety of the program. Two or more absences may cause students to be ineligible to complete program.**

**Friday Field Trips:** Each Friday the program will take a field trip related to topics covered during the week.

**Family Night:** All families are encouraged to attend Family Night on **Friday, August 2nd from 5pm—7pm** to showcase Power Up student work and Celebration
Student Name: ______________________________________________________________

Cell Phone Number______________________ May we text you with program reminders? _____

Student E-mail Address_________________________________________________________

Gender __________  Age __________  Birthdate ______________  T-Shirt Size __________

Ethnicity (check all that apply)

__ African, African American or Black  __ Asian American  __Caucasian or White
__ Hispanic or Latino  __ Pacific Islander  __Mixed  __ Other _______________________

School You’re Attending Now ___________________________________________________

Cumulative Grade Point Average (GPA) in Middle School _______  This Year’s GPA _______

Do your grades in middle school accurately reflect your potential? __Yes  __No
If not, what do you think it will take for you to do better in school?

List all extra curricular activities (sports, student government, clubs, community or church groups, or other organizations) you are involved with or plan to be involved with in or outside of school.

In school, I struggle with (check all that apply)

_ Turning in my homework  _Understanding my homework  _Doing my homework  _Bullies  _Peer Pressure  _Making friends  _Getting to school  _Getting to school on time  _Getting to class on time  _Drugs/Alcohol  _ Feeling like I don’t belong  _Not trusting anyone  _ Other

My favorite class is ________________________ My least favorite class is _______________________

Why would you like to participate in the program this summer?

How do you think this program will help you in high school? (for example: reading, math, making friends, etc.)

What is one accomplishment you are proud of and why? (in school or in your free time)

How did you hear about the program?
FAMILY INFORMATION
To be completed by parent/guardian

1st Parent/Guardian Name______________________________________________________

Email Address:________________________________________________________________

Home Phone: _____________________ Cell Phone: ________________________________

Employer: _________________________ Work Phone: _____________________________

2nd Parent/Guardian Name______________________________________________________

Email Address:________________________________________________________________

Home Phone: _____________________ Cell Phone: ________________________________

Employer: _________________________ Work Phone: _____________________________

With whom does the student live?

___ Both parents   ___Mother   ___Father   ___Legal Guardian   ___Foster care   ____Other__________

Languages spoken at home: ____________________________________________________

Emergency Information—Person (other than parent or doctor) to be contacted in case of emergency

Name:__________________________________________Phone:______________________

STUDENT MEDICAL INFORMATION
To be completed by parent/guardian

Medical Insurance: It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all FHS Power Up activities. Seattle School District does not provide any accident or health coverage for its participants.

Participant’s Physician: ___________________________ Phone: (______) _______________

Address: _______________________________________ City: ____________________Zip:__________

Medical Insurance Company: ______________________Policy Number: ________________________

Date of Last Physical Exam: _______________________ Date of Last Tetanus Shot: ____________

Participant’s Dentist/Orthodontist: __________________ Phone: (______) _______________

FHS Power Up strives to provide the best care possible and being prepared for your child’s needs will help your child adjust to the program.

Medical Information continues on next page...
IDENTIFY ANY SPECIFIC MEDICAL, BEHAVIORAL, OR DEVELOPMENTAL NEEDS OF YOUR CHILD. Allow up to 10 days prior to the start of your child’s enrollment for the Power Up staff to meet with you and assess how your child can best be accommodated. Failure to share information that identifies your child’s special care, accommodations, or supervision needs may jeopardize the placement of or continued participation by your child in the program.

<table>
<thead>
<tr>
<th>Medical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietary Modification/Allergies: ____________________________</td>
</tr>
<tr>
<td>Chronic/Recurring illness: _________________________________</td>
</tr>
<tr>
<td>Current Daily Medications: (fill out attached medication form) ____________________</td>
</tr>
<tr>
<td>Physical Disability: ________________________________________</td>
</tr>
<tr>
<td>Behavioral disorder: _______________________________________</td>
</tr>
<tr>
<td>Other: ___________________________________________________</td>
</tr>
</tbody>
</table>

**IMPORTANT:** Please notify staff if your child is exposed to any communicable diseases during or before attendance including scabies and head lice.

Females: Has she menstruated?______________ If not has she been told about it? ______________

Has your child have previous group experiences? ________________________________

What were their response?______________________________________________________

Child responds best to _________________________________________________________

Child responds poorly to _______________________________________________________

How does your child act when ill? ______________________________________________

What are your child’s interests and favorite activities? ____________________________

Swimming ability?_____________________________________________________________

Any additional information we should know?_______________________________________

DSHS case manager ___________________________ Phone # _________________________

*I have read and understand the above and have completed this form to the best of my ability.*

Signature of parent or legal guardian ___________________________ Date ____________
AUTHORIZATIONS & SIGNATURES
To be completed by parent/guardian

Participation: I give permission for my child to participate in all activities, including field trips, ropes course, and/or swimming and be transported as authorized by Seattle Public Schools (SPS). A schedule of field trips will be distributed to parents. I give permission for SPS to use any pictures of my child for further promotional purposes.

Medical Treatment: I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the SPS. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by SPS when deemed immediately necessary or advisable by the physician to safeguard my child’s health.

Release from Liability: By signing below, I hereby agree to release Seattle Public Schools and all of its employees, volunteers, directors, officers and other representatives from any ordinary negligence and from all responsibility and liability of any nature, including claims for injury, death, loss or damage resulting from my child’s participation in this program. This includes the loss of the right to sue, win and recover damages if my child is injured by actions of SPS or any independent contractor for SPS. I acknowledge that I have signed this of my own free will and that my child’s participation in this program is purely voluntary.

Transportation: FHS Power Up will provide Bus Tokens for students who do not have another means of transportation AND live more than 1 mile away from Franklin High School. Please check which form of transportation your child will take each day.

___Metro Token (My child will catch the Metro bus and will need Metro Tokens because they live more than a mile away)
___Other Transportation (My child will walk, ride a bike, or get a ride with a trusted adult or family member)

Please note it is your child’s responsibility to leave campus and have transportation coordinated when program ends each day.

If any portion of this release is held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect.

I have read and understand the above and have completed this form to the best of my ability.

I, ________________________________ (parent/guardian name) authorize my child, ________________________________ (student name), to participate in and attend the FHS POWER UP Program.

Parent/Legal Guardian Name (please print): ________________________________

Signature of parent or legal guardian: ________________________________ Date: ________________
Power Up STUDENT Commitment
I fully commit to Power Up in the following ways:
● I will arrive at Power Up each morning, fully prepared and ready to learn by 9:00 am.
● I will remain at Power Up each day actively and positively participating until the end of
  the program day.
● I will bring my materials every day.
● I will always give my best effort to learn, to participate, and to try new things in a
  positive manner while in the Power Up program.
● I will follow the attendance policy of not missing more than two days of Power Up.
● If I need help or assistance, I will ask for it from an adult in the program.
● I am responsible for my behavior, and I will follow directions. Failure to adhere to these
  commitments can cause me to lose privileges and could lead to my removal from
  Power Up.
● I will participate in class work, program activities, and presentations with groups to
  better prepare myself academically and socially for a successful 9th grade school year.

Power Up PARENT/GUARDIAN Commitment
I will fully commit to Power Up in the following ways:
● I will ensure that my/our scholar arrives at Power Up every day by 9:00 am.
● I will make arrangements so that my child can remain at Power Up for the full program
  (9:00 am – 3:00 pm).
● I/we will fully participate in the Power Up program. This means I will return messages
  To Power Up staff in a timely manner and attend family events if possible.
● If I have questions or concerns, I will bring them to Power Up staff.
● I will follow the Power Up attendance policy of my child not missing more than two
  days of Power Up.
● I understand that my child needs to follow Power Up expectations so as to protect the safety,
  interests, and rights of all individuals in the program. I, not the program, am responsible
  for the behavior and actions of our child.
● Field trips are an important part of the Power Up curriculum and experience, typically
  happening every Friday.

Student Name _____________________________________________________
Student Signature  __________________________________________________
Parent/Guardian Name ______________________________________________
Parent/Guardian Signature ___________________________________________
Date __________________