

LAMOILLE UNION HIGH SCHOOL

736 VT 15 WEST
HYDE PARK, VT 05655



(802) 851- 1200
Fax: 802-888-2997

“Building a Community Prepared for the Choices and Challenges of Life.”

Dear LUHS Families,

Please find the enclosed summer registration packet. We look forward to providing a program that offers opportunities for academic recovery and a variety of enrichment activities.

Please return this packet by **Friday, June 3rd** to the High School office or by mail to LUHS attn: Christine Cooney, 736 VT RT 15 W Hyde Park, VT 05655. If you need a hard copy sent home to you, please call the office and we will send one home with your student.

Key points of the program

- Our program will run the four weeks of July, Monday-Thursday. Week one may differ due to the July 4th holiday.
- The program is FREE.
- Breakfast and lunch will be provided.
- Transportation will be offered, though the schedule and routes will be dependent upon the program enrollment.
- The hours of the program are being coordinated with the elementary programs but it will likely run 9:30-3:30. We will be able to give more definitive information once the transportation schedule is finalized.

We hope to see you this summer!

Tim Messier
tmessier@luhs18.org
Summer Program Coordinator

LUHS Summer Academy July 2022 Information Form

Parents/Guardians: Please complete this form and return it to
LUHS Attn: Christine Cooney, 736 VT 15 W Hyde Park, VT 05655

Student's Last Name

First name

Grade

This summer, we are interested in both academic recovery and recreational student engagement. With that in mind,
which of the following subject areas/activities are you interested in participating in this summer?

- Dance
 - Athletics
 - Outdoor exploration
 - Science
 - Math
 - English
 - Social Studies
 - Spanish
 - Other ideas or needs: _____
-
-

Will you need bus transportation? YES NO

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Parents/Guardians: Please complete this form and return it to
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Student's Last Name _____ First Name _____ Grade _____
Date of Birth: _____ Student lives with: _____ Home Phone # : _____

First Parent/Guardian

First Name _____ Last Name _____ Relationship _____
Mailing Address _____ Town _____ State _____ Zip Code _____

Physical Address same as Mailing Address

Physical Address (911) _____
Home Phone# _____ Cell Phone # _____ Work # _____

Second Parent/Guardian

First Name _____ Last Name _____ Relationship _____
Mailing Address _____ Town _____ State _____ Zip Code _____

Physical Address same as Mailing Address

Physical Address (911) _____
Home Phone# _____ Cell Phone # _____ Work # _____

Emergency Contacts (If other contacts cannot be reached - please list at least two contacts that are authorized to pick up your student)

Name _____ Phone # _____

Does this person have permission to take your student from school? YES _____ NO _____

Name _____ Phone # _____

Does this person have permission to take your student from school? YES _____ NO _____

Name _____ Phone # _____

Does this person have permission to take your student from school? YES _____ NO _____

LUHS Summer Academy Student Health Information

Parents/Guardians: Please complete this form and return it to
LUHS Attn: Christine Cooney, 736 VT 15 W Hyde Park, VT 05655

Student Name: _____ Grade: _____

Emergency Care Authorization:

I certify that I am a parent or legal guardian of the child named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent Name

Parent Signature

Date

I hereby give my permission for my child the following over-the-counter medications at the summer academy:

Ibuprofen (Advil) ____ Acetaminophen (Tylenol) ____ Antacid ____ Benadryl (given only for allergic reactions)

Does your child have asthma? Yes ____ No ____ How is it treated?

Does your child have any allergies? Yes ____ No ____

If yes, what allergy? _____

Does your child have an EPIPEN prescribed by a health professional? Yes ____ No ____

If not, how is their allergy treated? _____

Is your child currently being treated for any physical or emotional health condition? Please explain:

Does your child take any medications daily? Yes ____ No ____ If yes, please list each medication, the dose and frequency:

**Signature of parent/guardian _____

LUHS Release Summer 2021-2022

Parents/Guardians: Please complete this form and return it to
LUHS Attn: Christine Cooney, 736 VT 15 W Hyde Park, VT 05655

The release form is valid for the summer academy only. The default for any unanswered question is “yes.”

Student's Last Name	First name	Middle	Grade
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Parent/Guardian Signature	Date
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Parent/Guardian Printed Name

School Website

My child's unidentified photo may be posted on the school's website. This could include group events or team pictures.

YES NO

My child's artwork may be posted on the school's website identified with a first name.

YES NO

Facebook

LUHS will be using a Facebook account to increase our communication outreach to families and the community. As part of our communication and outreach, we may occasionally post unidentified pictures of students or artwork identified with a first name. Please indicate your preferences around this.

My child's unidentified photo to be posted on the school's facebook account. This could include group events or team pictures.

YES NO

My child's artwork posted on the school's facebook account identified with a first name.

YES NO

School Publications, Local Newspapers

Occasionally, LUHS will create publications such as the school handbook, brochures, reports where we would like to include student pictures, names and/or accomplishments or submit stories to the local newspaper.

Allow my child's identified photo or artwork or accomplishments to be printed in school publications or local newspapers.

YES NO