



2018 Indianapolis Classical Schools Summer Academe

Student Name: _____ Enrollment: HHS RHS Other: _____

Indianapolis Classical Schools in partnership with the Harrison Center for The Arts would like to welcome you and your family to **Summer Academe**. Summer Academe combines Indianapolis Classical Schools' Core Values and the Harrison Center's Global Vision for the Arts to create a unique learning experience for your student's academic and artistic goals during the summer.

Per Indianapolis Classical Schools' Mandatory Remediation Policy, attendance at Summer Academe is required for students who are missing essential credits needed in order to graduate. Here are important next steps in order to complete the registration process.

Forms & Documents

- Field Trip Form – **This form must be filled out completely and turned in to Herron High School or Riverside High School by May 21st.** You may bring the document to Herron's Student Services or scan the document to eharper@herronhighschool.org.
- Medication Consent Form – Parents/guardians must complete and turn in this form if your child is in need of medication during the day. They are to leave the medication at the nurse's office. They may not carry any medications with them. The medication will be locked in the nurse's office until needed and can be picked up by the parent at the end of each session or when it is no longer needed. **If applicable, this form must be filled out completely and turned in to Herron High School or Riverside High School by May 21st.** You may bring the document to either campus' Student Services or scan the document to SummerAcademe@herronhighschool.org.

Logistics

- Building – Students may pick up schedules June 11th at Herron High School. Class assignments will be posted in the Herron High School cafeteria at 7:30 a.m. June 12th –the first day of Summer Academe. Students may enter to the cafeteria at 7:30 a.m. the first day to view schedules and ask questions. Afterward, the building is not open for students until 7:45 a.m. daily. Summer Academe hours are 8:00 a.m. to 2:00 p.m. Students must leave campus by 2:15 p.m. Safety and consideration for surroundings are extremely important. Students and parents are expected to follow all safety guidelines set forth by Summer Academe administration.
- Bus Passes – Students will be allowed to use our summer bus passes for class field trips. Bus passes can be requested at Student Services for transportation usage to and from school. There is a fee in most cases.
- Lunch - Students receive lunch daily free of charge through the Summer Servings program. Children in neighboring communities are encouraged to eat lunch for free in our Fesler cafeteria from 12:00 - 12:30.
- Valuables – Please leave valuables at home. Students may use our phones to call home if needed. **HHS is not responsible for missing, lost or stolen items while participating in Summer Academe**

Over→

- Uniforms
 - Students are required to follow the Indianapolis Classical Schools uniform policy. Students must wear a white crew neck t-shirt AND a black, white, nor navy polo shirt, knee-length khaki shorts or HHS knee-length skorts or khaki pants with a plain black or brown belt. Pants must be cover the whole leg and not sag. No boots are to show outside of the pants leg. Shoes must have backs on them.
 - Students must drink water every day --before, during, and after school-- to stay hydrated. Students enrolled in Summer Academe Physical Education are to arrive to school dressed in non-offensive t-shirts (non-black) that cover the shoulders and completely cover the torso (no low V-necks). They are to wear athletic shorts or pants that are easy to move in and are no higher than their fingertips when arms are extended straight down. Students must wear a good pair of tennis shoes that have a back (no slip-ons). Socks are a good idea for hygiene reasons. Physical Education students should bring water and sunscreen daily. They may use a string backpack for field trips.
- Drop off and Parking – We will use the Fesler, Main, and Russell buildings for Summer Academe. Students will enter the building from the Fesler and Russell parking lot. Please follow the safety requirements in dropping off and picking up your student.
- Miscellaneous - Please make sure your student takes advantage of the free lunch. They may also bring a lunch. There are no lockers available. Our handbook is available on our website www.herronhighschool.org Please use this as a guideline for expectations during Summer Academe.

Any infractions of the above policies will result in disciplinary measures deemed necessary by the Summer Academe Leadership Team.

An extended version of the Indianapolis Classical Schools policies is available on line at: www.herronhighschool.org. All students and parents/guardians must agree to abide by Indianapolis Classical Schools policies before they can register a student in Summer Academe at Indianapolis Classical Schools in partnership with the Harrison Center for the Arts.

By signing below, you agree to abide by Indianapolis Classical Schools’ rules, policies, and procedures during Summer Academe.

Student’s Signature _____ Date _____

Print Student’s Name Legibly: _____

By signing below, you agree to support your student by abiding by Indianapolis Classical Schools’ rules, policies, and procedures during Summer Academe.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name Legibly: _____

Return to Student Services, fax to (317) 231-3759: Attention: Summer Academe Director – Emanuel Harper, or scan to SummerAcademe@herronhighschool.org.

Questions: Email Emanuel Harper at SummerAcademe@herronhighschool.org or call (317) 231-0010, ext. 1130.



2018 Summer Academe Field Trip Permission Slip

Herron High School
110 E. 16th Street
Indianapolis, IN 46202

Please fill in the information at the bottom of this permission slip which will cover all field trips for the 2018 Summer Academe. Please contact your student's teacher for details regarding specific field trips.

I, the parent/guardian of the student named below, hereby grant permission for my son/daughter to attend Summer Academe field trips throughout the 2018 summer sessions. I am in accord with the purpose of and fully understand the procedures governing Summer Academe field trips. I hereby grant permission for my son/daughter to participate in these field trips. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless Summer Academe, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Summer Academe independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

I have read, understand, and agree to the above.

Student Name: (please print) _____ Grade: _____

Name of Parent/Guardian (please print) _____

Parent/Guardian Signature: _____ Date: _____

ICS Summer Academe **MEDICAL EMERGENCY FORM** (Complete Both Sides. Use Pen Please) Grade in 2017-18 _____

Student Name _____ (_____) Date of Birth ____-____-____ Male ____ Female ____
Last First Middle Prefers to be called

Address _____ Home Phone: ____-____-____
Number & Street Address Apt. # City & State Zip Code

Child Lives with: Father ____ Mother ____ Stepparent ____ Grandparent ____ Other (list) _____ Date Enrolled ____-____-____

Father's Name: _____ Mother's Name: _____

CONTACT INFORMATION: List *in order*, those persons to be called in case of an emergency, such as mother, father, relative, caregiver, friend, neighbors:

1 st Person to Call – Full Name	Relationship to Child	Daytime Phone #	Cell Phone #	Email Address
_____	_____	_____	_____	_____
2 nd Person to Call – Full Name	Relationship to Child	Daytime Phone #	Cell Phone #	Email Address
_____	_____	_____	_____	_____
3 rd Person to Call – Full Name	Relationship to Child	Daytime Phone #	Cell Phone #	Email Address
_____	_____	_____	_____	_____
4 th Person to Call – Full Name	Relationship to Child	Daytime Phone #	Cell Phone #	Email Address
_____	_____	_____	_____	_____

MEDICAL INFORMATION

My child is ALLERGIC to: *Bee Sting ____ *Medication ____ *Food ____ *Other ____ **If you check any item, give details below:*

My child has a MEDICAL CONDITION: *Asthma ____ *Diabetes ____ *Seizures ____ ADD/ADHD ____ *Other ____ ** Give details below:*

List any prescribed medications: _____

DOCTOR'S NAME: _____ Phone # _____ DENTIST'S NAME: _____ Phone #: _____

HOSPITAL: 1st Choice: _____ 2nd Choice: _____

In case of an emergency, and I or a member of my family cannot be contacted, I give my permission for the school authorities to seek medical treatment for my child/ward, and I assume responsibility for such emergency expenses.

Signature of Parent or Guardian: _____ Date: _____

Please turn over and complete reverse side →

DISPENSING MEDICATION: By law the school nurse will not be able to dispense any medication unless there is a parental signature of a parent/guardian to administer medication at school for both prescription and non-prescription (over-the-counter) medicines. By law the nurse will not be able to dispense any medication that the student's

family has not supplied to the school. All medications must be packaged in the original containers; prescription medicines must be in pharmacy container with physician's instruction label. Please submit the medication consent form for medicines not listed below.

I, _____ the parent or legal guardian of _____, give permission for Indianapolis Classical Schools to dispense the following medication(s) to my child:

Yes	No	Medication	Amount/Dose of Medication to be given	Medication given for:
		Acetaminophen (Tylenol)	325mg/tab take 2 tablets as needed	headache, fever, toothache, pain
		ibuprofen (Advil)	200mg/tablet take two tablets	menstrual cramps, body aches, inflammation, pain
		Loratadine(Claritin)	10mg/tablet take 1 tablet as needed	allergy symptoms
		Benedryl	12.5mg/tablet take 1-2 tablets as needed	allergic reactions, severe itching, allergies
		calcium carbonate (TUMS)	500mg/tablet give 2 tablets as needed	indigestion, upset stomach, heartburn
		Calamine Lotion	applied topically to affected area	rash, insect bites
		Hydrocortisone cream	applied topically to affected area	itching
		cough drops	2 drops as needed	sooth sore throat, frequent coughing

Name of Parent/Legal Guardian, please print

Signature of Parent/Legal Guardian

Date

AUTHORIZATION TO CARRY AN INHALER OR EPI-PEN ON SCHOOL GROUNDS

Please allow _____ (Student's Name)

to carry his/her _____ inhaler to use _____ for emergency treatment, when _____
Name of Inhaler Amount of Dosage When to use

to carry his/her _____ Epi-Pen to use _____ for emergency treatment, when _____
Name of Epi-Pen Amount of Dosage When to use

We request that the above stated student be permitted to carry the inhaler or epi-pen on his/her person or to keep it in his/her locker. S/he has been instructed in and understands the purpose and appropriate method of use. (STUDENT'S PHYSICIAN MUST SIGN BELOW.)

Physician's name, please print

Physician's signature

Date

Address and phone of physician

Physician's phone

Name of Parent/Legal Guardian, please print

Signature of Parent/Legal Guardian

Date



**Indianapolis Classical Schools
Medication Consent Form**

(If applicable)

If at any time during the school year it becomes necessary for a student to take medication (either prescribed or over-the-counter medicine) during the school day, this parent/guardian request form to administer the medication to the student must be completed and on file in the nurse and/or principal's office. The pharmacy label can serve as the written consent of the doctor.

I request that the medication described below be administered to my child/ward at the times specified during the school day. I will give the nurse this medication in a container provided by the pharmacist with the prescription label on it. If the medication is over the counter, it must be provided in the original bottle and it must not be expired. I understand this medication will be administered to my child only by a school nurse, the principal, the teacher, the school secretary or other designated Indianapolis Classical Schools staff, and that the medication will be kept secure in a cabinet or refrigerator. I understand this consent is valid for one school year and must be renewed annually or whenever there is a change in medication.

Student's Name _____

_____ Prescribed _____ Over-the-Counter _____
Name of Medication

_____ Time to Administer _____
Days Medication to Be Given

_____ Refrigeration Required? _____
Amount/Dose of Medication to Be Given Yes No

Reason to Give the Medication

Doctor/Prescriber's Name (if prescribed) Doctor/Prescriber's Phone Number

Pharmacy Name Prescription Number on Label

This medication is to be given to my child/ward ONLY until: Date _____ OR School Year _____

Parent/Guardian's Signature Phone(s) Date

The student is not allowed to carry medication (prescribed or over-the-counter) with them without a written order from the doctor/prescriber which states that the student has a chronic condition requiring them to carry the medication to treat and/or prevent emergencies, and that the student has been instructed on how to correctly use the medication. Also, the student is not allowed to carry meds back and forth to school or on them without written consent from the parent/guardian.

Indianapolis Classical Schools
Family Educational Rights and Privacy Act (FERPA)
Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Indianapolis Classical Schools, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Indianapolis Classical Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the school to the contrary in accordance with school procedures. The primary purpose of directory information is to allow the Indianapolis Classical Schools to include this type of information from your child's education records in certain school publications.

Examples include, but are not limited to:

- A playbill, showing your student's role in a drama production;
- Recognition in the newsletter for an activity or award;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation/Commencement programs and scholarship awards;
- Sports activity sheets which may include weight and height of team members;
- Indianapolis Classical Schools promotional materials and social media
- Carpooling databases organized by partner organizations.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings publish yearbooks or take class photos.

If you do not want Indianapolis Classical Schools to disclose directory information from your child's education records without your prior written consent, you must notify Indianapolis Classical Schools in writing within 30 days of receipt of this notice. You must do this each year your student attends Indianapolis Classical Schools.

Please be advised that your written notice "opting-out" of directory information disclosures will apply to ALL areas of school media and publications including the school yearbook.

Written notice of opt-out decisions must be submitted to the Office of the Registrar within 30 days of receiving this notice.

Indianapolis Classical Schools has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- Electronic mail address
- Photograph(s)
- Date and place of birth
- Grade level
- Participation in officially recognized extracurricular clubs, activities and sports
- Degrees, honors, and awards received
- Weight and height of members of athletic teams
- Senior acceptance into colleges and universities
- Merit scholarships awarded by colleges and universities
- Alumni directories

If you choose to opt-out of Indianapolis Classical Schools' Directory Information, your letter must state:

- Name and birthdate of student
- Statement that you have read and understand Indianapolis Classical Schools' Family Educational Rights and Privacy Act (FERPA) Notice for Directory Information statement
- Statement that you choose to opt-out from all directory information media and publications

Please send your opt-out letter to:

Office of the Registrar
Herron High School
110 E. 16th Street
Indianapolis, IN 46202