

S.T.E.A.M. SUMMER ACADEMY

SCIENCE TECHNOLOGY ENGINEERING ART



MATHEMATICS



Dear Family,

We are happy to inform you that your child(children) are eligible to participate in a lottery for acceptance into the New Rochelle School District's Summer S.T.E.A.M. Academy which will be offered this summer and housed at Trinity Elementary School. If you would like to participate in the lottery selection, please complete and return the bottom section of this flyer and return to the main office of your home school **no later than May 14, 2019. No applications will be accepted after this date.**

Summer Academy Sessions will run Mondays through Thursdays from July 1, 2019 through August 1, 2019. Sessions begin promptly at 9am and end promptly at 12 pm. Families attending the Summer Academy are responsible for their own transportation both to and from Trinity. Students accepted to the program are expected to attend unless sickness prevents attendance. Students are expected to behave responsibly and respectfully at all times during the program.

We understand the requirements for acceptance into the S.T.E.A.M. SUMMER ACADEMY.

Names of eligible children in your family that you wish to attend the Academy and grade they completed as of June 30, 2019

Home School _____

Parent signature _____

Contact Phone # _____

Email _____

Please return this Lottery application slip to your Home School Main Office by May 24, 2019

Any questions please email ddelgado@nredlearn.org or amanganiello@nredlearn.org

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SCIENCE TECHNOLOGY ENGINEERING ART MATHEMATICS

Academia de Verano de Ciencias, Tecnología, Ingeniería, Artes y Matemáticas

QUIÉNES: Estudiantes de las Escuelas Trinity, Columbus, Jefferson y Barnard
Los estudiantes serán elegidos por lotería. Los formularios de
solicitud deben ser recibidos no más tardar el 23 de mayo del 2019 a las
4:00 p.m.

DONDE: Escuela Elemental Trinity

CUANDO: lunes a jueves

9:00 am-12:00 pm

1 de julio del 2019 - 1 de agosto del 2019

Formulario de Solicitud

Nombre del Estudiante(s): _____ Grado en septiembre: _____

Escuela: _____ Nombre del Padre: _____

Dirección: _____

Número de Teléfono: _____ Correo electrónico: _____

Firma del Padre/Guardián: _____

FAVOR DE RECORTAR LA PARTE DE ARRIBA Y ENVIAR EN PERSONA O POR CORREO A:

S.T.E.A.M. SUMMER ACADEMY LOTTERY

TRINITY SCHOOL