



QUEENS GATEWAY TO HEALTH SCIENCES
SECONDARY SCHOOL

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PARENT NOTIFICATION FOR SCHOOL-BASED ACTIVITY

PERMISSION FORM

This form must be completed and submitted to QGHSSS Program Advisor before your child may attend any activity held on school premises during authorized events/ programs held after school.

Name of Child _____ School Q680

Name of the Activity: **REGENTS/AP TUTORING**

Purpose of the Activity My Child Will Be Attending: AFTER SCHOOL TUTORING SESSIONS

Dates of Attendance: **MONDAY APRIL 8, 2019 – THURSDAY JUNE 13, 2019**

Program Begins: **3 PM** Program Ends: **4 PM**

**PLEASE SEE THE ATTACHED
SCHEDULE FOR SPECIFIC DAYS
AND ROOMS FOR EACH EXAM.**

I understand that my child must remain on site after dismissal. My child must check in immediately at the (auditorium, Gym, Field) with the QGHSSC Program Staff at the site of the activity and cooperate with the staff before during and after the activity. My child must remain with the staff on the premises until the program has ended. I understand that my child will be dismissed from the school at the end of the activity.

I understand that I cannot hold the school responsible for my child's travel after departure from the school site and while traveling to his/her home site.

I understand that QGHSSS is responsible for my child during the period he/she is attending the activity.

During the duration of the activity, my child will be under the supervision of an adult whose responsibility it is to see that my child remains with the program and leaves the premises immediately following the program.

I also understand that GGHSSS's is responsibility for the safety while he/she is on the school site.

I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the event/program may act on my behalf and at my expense in obtaining medical treatment for my child.

I understand that students who violate the NYC department of Education Discipline Code may be excluded in the future by the school from participating in On-site event/program held after the school day.

I understand that if the child disturbs the performance/event he/she will be removed; parents will be contacted by then supervising staff and the student will be dismissed from the event/program.

In an emergency I can be reached at _____

Additional contacts: Name: _____ Tele #: _____

I have read and understand the information outlined in this letter. I, the parent/guardian of the student named above, hereby give permission for my child to attend the above activities which will be held on school premises during the time he/she is enrolled in QGHSSS.

(Signature of Parent/Guardian)

(Date)

Student Declaration

(To be signed by middle school and high school students)

I have read this form and I understand that I am to act, during this performance, activity or event in the same responsible manner in which I am expected to conduct myself during regular school hours.

(Signature of Student)

(Date)

TUTORING SCHEDULE

MONDAY APRIL 8, 2019 – THURSDAY JUNE 13, 2019

REGENTS EXAMS

| TEST | DAY | TIMES | ROOM |
|----------------------------|---------------------|-------------|------|
| LIVING ENVIRONMENT REGENTS | TUESDAY, WEDNESDAY | 3 PM – 4 PM | 441 |
| CHEMISTRY REGENTS | TUESDAY, WEDNESDAY | 3 PM – 4 PM | 337 |
| ENGLISH 9 REGENTS | WEDNESDAY, THURSDAY | 3 PM – 4 PM | 317 |
| GLOBAL HISTORY REGENTS | MONDAY, WEDNESDAY | 3 PM – 4 PM | 417 |
| ALGEBRA 1 REGENTS | MONDAY | 3 PM – 4 PM | 311 |
| GEOMETRY REGENTS | TUESDAY | 3 PM – 4 PM | 311 |
| TRIGONOMETRY REGENTS | WEDNESDAY | 3 PM – 4 PM | 311 |

AP EXAMS

| TEST | DAY | TIMES | ROOM |
|--------------|----------|-------------|------|
| AP BIOLOGY | THURSDAY | 3 PM – 4 PM | 441 |
| AP CHEMISTRY | THURSDAY | 3 PM – 4 PM | 337 |
| AP CALCULUS | THURSDAY | 3 PM – 4 PM | 311 |