Washington Unified School District 2019 River City High School Summer Bridge Program

Dear Parents/Guardians,

Your child is invited to participate in the **2019 RCHS Summer Bridge Program** for incoming 9th grade students! The program will be held at **River City High School** with transportation from each feeder school provided. Only selected students are receiving this application **due April 1st.** Spaces are limited! Don't let this exciting opportunity for your child to prepare for high school success pass them by.

The goal of the **2019 RCHS Summer Bridge Program** is to provide incoming 9th grade students with hands-on science, math, technology skills and college/career exploration, all while getting to know RCHS and our teachers. We are thrilled to have our newest 9th graders on campus for Summer Bridge to get to know the culture, expectations and experiences that await them in high school.

2019 RCHS Summer Bridge Program

River City High School

Dates: Monday June 17th – Thursday, July 18th;

No Summer School on Fridays

No School on July 4 for Independence Day.

Time: 9:00 AM - 1:30 PM

Breakfast and Lunch will be provided. Transportation will be provided for those students outside of the designated "Walking Zone."

In order to help us achieve this goal for your child, it is important that she/he:

- ❖ Attend the first day of summer school and all eighteen days thereafter
- ❖ Demonstrate respect and appropriate behavior at all times
- Demonstrate good work and study habits at all times.

You will receive more information regarding the summer school program once your child has been admitted. If you have any questions, please contact Deanna or Jamie at (916) 375-7800 ext 2078 or 2077. Please sign and return the attached application form to your child's teacher or the district office by **April 1, 2019**. It is very important that you fill out the form completely.

Respectfully yours,

Mr. Stan Mojsich Principal, River City High School

Office (<u>Use</u>	<u>Only</u>	
te returne	d:		

Time: ______
Teacher please return
Application to Office.

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Please print clearly and complete all areas.

Student Name:						
Home School: _	Last		First			
Birth date:				Male:	Female:	_
Parent or Guardi	ian:					
Home Address:	Stroot /	\ ddrocc				
City State 7in:	Street	Address				
City, State, Zip:	City	State		Zip		
Home Phone #:			Cell Pho	one #:		
Emergency Cont	act - Adult	Name, Add	lress & Pho	ne:		
				(nan	1e)	
(add	lress)			(phone #)		
Health Problems	»:					
Check the appro	priate box:					
☐ My child v	will walk					
☐ My child w	will be pick	ed up				
☐ My child v (Only if ou		e bus /alking Zone	e)			
I give permission River City High S sure my child att	School. I u	nderstand t	hat daily a	to tendance is im	attend summer s portant and I will	chool at make
Parent Signature	<u> </u>			Telephone	e#	