

Seattle Public Schools

2019 Summer Staircase Program

Dear Parents and Guardians of
Elementary School Students in
grades K-4,

I am pleased to invite your child to
apply for Summer Staircase! As you
may know, students who continue
learning during the summer are
better prepared for the next school
year and less likely to lose the
knowledge gained during the school
year.



Knowing the importance of a quality teacher in your child's learning, we will
be recruiting our most talented, dedicated, and enthusiastic teachers.
Students will receive breakfast, lunch, and transportation free of charge.
*Summer Staircase will run, daily, from 8:30am-1:00pm starting July 1st and
will end on July 26. There will be no school on July 4.* If you are interested in
before or after school care for your student, I encourage you to contact your
local community center or childcare provider to find out what options are
available.

All students are welcome to apply, but preference will be given to students that
are below grade level as determined by: classroom based assessments, MAP,
and /or SBA.

Due to the design of the program, students may not miss more than three days.

John Hughes

Summer Program Coordinator

SPSsummerprograms@seattleschools.org



Summer Staircase Registration

Student/Parent Information

Child's Name (Last, First)		Current School and Student ID	
Parent's Name (Last, First)			
Address		City/State	Zip Code
Home Phone	Cell Phone	Email	

Emergency Contacts/Pick-Up Authorization and Information

Contact Name (First and Last)	Relationship to Student	Phone Number
1)		
2)		
3)		

I understand the requirements (no more than three absences) and if accepted, I commit to fully participating in the Summer Staircase Program.

Student Signature: _____ Parent/Guardian Signature: _____

- ☐ I will provide transportation for my student.
- ☐ My student will walk to/from school.
- ☐ I will need school bus transportation to/from home address.
- ☐ I will need school bus transportation to/from alternate address:

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- ☐ Does your child have an IEP or 504? (Please circle)
 - ☐ Family in transition? YES or NO (Please circle)
 - ☐ Nutrition/Health concerns? (Please list)

Nutrition Concerns:
Health Concerns:

Complete and return this application to your teacher.
Teacher, please give this form to your site coordinator (host sites). If your school is not hosting a program, please send this form to John Hughes at MS: 31-555.