



St. Joseph Jr-Sr High School  
Hilo, Hawaii  
Summer School 2018 – Physical Education 9, Fitness 4 Life

**Fitness 4 Life**, a course designed for students to discover, understand and realize the importance of physical fitness and wellness; and to learn how to implement what they learn in their daily lives

Dear Parents:

St. Joseph School will be offering a 9<sup>th</sup> grade credit course, Fitness 4 Life, this summer. The course is two-fold: 1) online coursework, 2) on-site fitness conditioning and assessment. This course is equivalent to 1 full credit of physical education.

Online course: May 2 to June 1, 2018

Onsite course: June 4 to June 15, 2018 (8:00a-2:00p)

A mandatory meeting will be held for ALL students and parents on **May 1, 2018** at the **St. Joseph High School library from 5:00-6:00 p.m.** Students and parents will be given an introduction to the summer program and receive important information and instruction on the online course.

Please note that the onsite course is only two weeks and it is mandatory that the students attend everyday. Lunch and snacks will be the responsibility of each student. Excursion fees, if any, will be an additional fee.

Registration fee: \$365 for SJS Student, \$415 for others

Registration is **due no later than May 1, 2018.**

Should you have any questions, please feel free to call Jeff Moomaugh at 464-3713 or email at [jmoomaugh@sjshilo.org](mailto:jmoomaugh@sjshilo.org).

**St. Joseph Jr-Sr High School  
Hilo, Hawaii  
Summer School 2018 – Physical Education 9**

**CHECKLIST**

Student: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
2018-2019 School: \_\_\_\_\_

Please return this check list with the student's forms and tuition payment.

Document	Due Date	Date of Completion
<b>Information &amp; Policies</b>  <b>Class/On-Line Learning:</b>  Please review and follow directions for accessing class material <u>prior to first class</u> .	Keep for reference  Student must have internet access for course.	N/A  Access course work on line prior to first day of school so student can begin work on first day.
<b>Application Form</b>	No later than 05/01/2018	
<b>Tuition Payment</b>  SJS Student Course Fee \$365  Non-SJS Student Course Fee \$415	No later than 05/01/2018	Method of payment ___ Check ___ Cash ___ Credit Card
<b>Student Health Questionnaire</b>	No later than 05/01/2018	
<b>Off-Campus Excursion/Activities Form</b>	No later than 05/01/2018	
<b>Alu Like Scholarship Form</b> Apply for summer school reimbursement; primarily for students of Hawaiian ancestry.	Submit to Alu Like for review and approval immediately. Please <u>do not wait</u> until 05/01/2018 deadline.	

For office use only: Registration completed: (date) \_\_\_\_\_ Initial: \_\_\_\_\_  
 Grades sent to school on (date): \_\_\_\_\_ Initial: \_\_\_\_\_

**STUDENT HEALTH QUESTIONNAIRE**

## Summer School 2018

Please complete this form and submit it with all other forms by Tuesday, 05/01/2018. This will make the school aware of any health issues that the student may have and assist the school in providing the best service for your student. The school will communicate with parents should there be need for any follow-up information or procedures.

Student Name: \_\_\_\_\_ Grade entering: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Please list any medical condition your child might have (asthma, epilepsy, diabetes, migraines, ADD/ADHD, etc.). Please indicate if your child carries and/or self-administers any medications i.e. asthma inhalers, pain medication, epinephrine or insulin.**

**Condition:** \_\_\_\_\_ **Year diagnosed:** \_\_\_\_\_

Medication(s): \_\_\_\_\_

Dosage and Frequency: \_\_\_\_\_

**Condition:** \_\_\_\_\_ **Year diagnosed:** \_\_\_\_\_

Medication(s): \_\_\_\_\_

Dosage and Frequency: \_\_\_\_\_

**Student's Physician(s):** \_\_\_\_\_

Comments: \_\_\_\_\_

**Please list any significant injury or illness your child has had in the last few years (e.g. head injury, broken bones or bad sprains, surgeries, etc.).**

Injury/Illness \_\_\_\_\_ Month/Year \_\_\_\_\_

Comments: \_\_\_\_\_

Injury/Illness \_\_\_\_\_ Month/Year \_\_\_\_\_

Comments: \_\_\_\_\_

*Please sign and return this form with packet no later than Tuesday, May 01, 2018*

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## APPLICATION FORM - SUMMER SCHOOL 2018

**Please print clearly or type:**

Family Name (Last)	Student's First Name	M.I.	Student's Cell
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Mailing Address	City	Zip Code	Home Phone
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Street Address	City	Zip Code
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Father's Name:	Mother's Name
<i>Please circle if one applies:</i> Parent                      Custodial Parent Guardian   Step   Host   Other	<i>Please circle if one applies:</i> Parent                      Custodial Parent Guardian   Step   Host   Other
Home Phone:	Home Phone:
Employer:	Employer:
Work Address:	Work Address:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-mail Address:	E-mail Address:

If parents cannot be reached, please call:

Name (Identify relationship)	Home Phone	Cell Phone	Work Phone
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Name (Identify relationship)	Home Phone	Cell Phone	Work Phone
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I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency you may choose a physician. My choice of physician is as follows:

1. \_\_\_\_\_ Phone No.: \_\_\_\_\_  
     (Name of local doctor)
2. \_\_\_\_\_ Phone No.: \_\_\_\_\_  
     (Name of local doctor)

Medical Insurance Coverage Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Father/Guardian

\_\_\_\_\_  
 Signature of Mother/Guardian

## AUTHORIZATION FOR STUDENT OFF-CAMPUS EXCURSION AND ACTIVITIES

This Authorization must be completed by the student's parent(s) or guardian(s). If not completed and signed, the student may not be allowed to participate in the excursion and activities described.

Name of Student: \_\_\_\_\_

Home Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**ALL DAILY EXCURSION/ACTIVITIES FOR THE SUMMER SCHOOL PROGRAM FROM June 4-June 15, 2018 will be planned and executed in the Hilo town vicinity (walking distance and/or parent drop off and pick up when requested).**

**Students will plan and notify parents of specific destinations prior to the activity date.**

I am/We are the parent(s) / guardian(s) of the student named above. By signing below, I/We:

1. **Give permission** for the student to participate in the excursion and activity described below;
2. **Give permission** for the student to travel by private or commercial vehicle;
3. **Release** the School and its agents and employees from any and all liability to us and to the student for any injury, damage or loss that occurs because of the student's participation in the willful misconduct of the School or its agents and employees; and
4. **In the event of illness or injury** to the student, **consent to and authorize** such medical and dental treatment as may be deemed necessary, and **agree to pay** for such medical and dental costs:

AUTHORIZATION:

Print or type Mother's name	Mother's/Guardian's Signature	Date
Print or type Father's name	Father's/Guardian's Signature	Date

**Parent's Comments:**

Please identify any special medical instructions or other special circumstances you believe are important for the School to know about in connection with the excursions/activities. *Note: students should not take valuables or large sums of money on excursions/activities.*

## **St. Joseph School Information & Policies** **(Please keep for your reference)**

**Vision:** St. Joseph School builds a nurturing community through demonstration of Catholic values and implementation of an academically rigorous and spiritually rich curriculum. St. Joseph students learn, in a safe and disciplined environment, to care for themselves and others and to accept responsibility for making a just and loving society through generous use of their personal talents and gifts.

**Mission:** The Mission of St. Joseph School is to celebrate the uniqueness of each student through a rigorous academic program. Inspired by the Gospel message of Jesus Christ, nurtured in a faith community blessed with many cultures, gifts and talents we build lives of service to others in the spirit of our Hawaiian tradition of Aloha.

**Code of Conduct:** As members of St. Joseph School, all students and their parents as well as the administration, faculty, staff and other members of the school community will conduct themselves as good representatives of the school by:

- Acting with **respect** toward persons and property;
- Thinking, speaking and acting with **honesty**.
- Contributing to the building of strong **community**.
- By promoting school spirit through **loyalty**.

### **On-Line Information:**

All work is to be done online. Students are required to have dependable internet access in order to complete this course. It is important that ALL students have an EMAIL account to access the website. It is recommended that parents submit an EMAIL account in order to access and monitor your student's pages.

Student User Name: To be given on 05/01/2018

Student Password: To be given on 05/01/2018