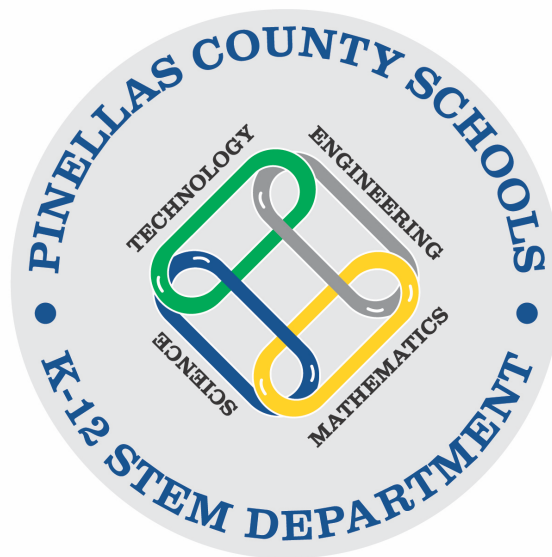


*Department of Middle School Education in
Collaboration with the K-12 STEM Department*

STEM Honors Summer Camp 2018

(For students entering 8th and 9th grades during 18-19 school year)



Dywayne B. Hinds

Executive Director, Middle School Education

Laura Spence

K-12 STEM Specialist, STEM Honors Supervisor

*Program Questions: Spencela@pcsb.org

Kimberly Christy

Executive Secretary, Teaching and Learning

*Enrollment and Payment Questions: 727-588-6121



2018 Pinellas County Schools STEM Honors Summer Camp

When: 8:00 to 3:30

June 4, 2018 - June 7, 2018 and June 11, 2018 - June 14, 2018 (8 Days - no camp on Friday's)

Where: Lakewood High School (CAT Bldg.) or East Lake Middle School

What: PCS STEM Honors Summer Camp

- If your child attended the STEM Honors Summer Camp last year, the same content will be addressed during this year's camp.
- Content taught during camp addresses rigorous robotic and coding concepts.

CAMP ACTIVITIES

- ✓ 2 Field Trips
 - TBD
 - TBD
- ✓ STEM activities
 - Topics will include: computer programming, multimedia/video-editing, robotics and STEM career exploration.
- ✓ Lunch and Snacks
 - FREE lunch will be provided each day. Students will need to bring their own snack (optional) and water bottle each day.

How to enroll: There are 60 seats at each site. Fill out the attached application. Send it to the address below with your check made out to Pinellas County Schools:

Office of Teaching and Learning
Attn: Kimberly Christy
Pinellas County Schools
301 Fourth Street SW
Largo, FL 33770

PCS STEM Honors Summer Camp 2018 Application

Please Print and Submit to the address below by May 10, 2018.

1. Student Name: _____
2. Gender (Circle One): Male Female
3. Parent Name: _____
4. Address: _____
5. Parent phone during day: (____) _____ - _____
6. Parent e-mail: _____
7. Student's Current School (where student is enrolled now): _____
8. Grade student will be entering during 18-19 school year (circle one): 8th 9th
9. STEM Honors Summer Camp site chosen (please circle only one):
 - Lakewood High
 - East Lake Middle
10. I am willing to have my child attend the other summer camp site if my choice above is full (each site will host 60 students). Please circle one: Yes or No
11. Each student will receive one STEM Honors Summer Camp t-shirt. Please circle one:

Youth Size: S M L Adult Size: S M L XL
12. Camp Fee:
 - I have enclosed a check made out to Pinellas County Schools for \$90.00
(Mailed before April 10, 2018)
 - I have enclosed a check made out to Pinellas County Schools for \$100.00
(Mailed after April 10, 2018)

13. Parent/Guardian Signature: Please sign below acknowledging that you are aware of the PCS STEM Honors Summer Camp hours (8:00am-3:30pm). Your signature also acknowledges that the STEM Honors Summer Camps will not be able to provide transportation to families and students. Families of students attending a STEM Honors Summer Camp must provide their own transportation to and from the site. As a condition of attending a STEM Honors Summer Camp, and as consideration for such attendance, by signing below, the parent(s)/guardian(s) agrees to release, waive and hold the Pinellas County School Board and its agents and employees harmless from any and all claims, suits, liability, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that such parent(s)/guardian(s) and/or their student(s) attending a STEM Honors Summer Camp sustain as a result of their transportation or other travels to and from the STEM Honors Summer Camp site.

Parent/Guardian signature & date

Please submit this application and your check (made out to Pinellas County Schools) for the appropriate amount as indicated above to:

Office of Teaching and Learning
Attn: Kimberly Christy
Pinellas County Schools
301 4th Street SW
Largo, FL 33770

STEM Honors Summer Camp Emergency Form

*Please print CLEARLY

Legal Name of Student - Last, First, Middle		
Student Address - Number and Street	City	Zip Code
Name of Parent/Guardian	Relationship	Phone Numbers Cell: House: Work: Other:
Emergency Contact	Relationship	Phone Numbers Cell: House: Work: Other:
Hospital Preference	Physician's Name	Physician's Phone Number
Medication(s)	Allergies	
Other - Please list any other information that we may need to know.		

In case of accident or illness, the school will contact the parent/guardian. If the school is unable to contact the parent/guardian, the school will contact the emergency contact. If none of the above are available then, the school will make necessary arrangements for immediate treatment.

Signature of Parent/Guardian

Date

**PINELLAS COUNTY SCHOOLS
MEDIA RELEASE FORM**

During the school year, Pinellas County Schools may produce, reproduce, broadcast or publish student names, likenesses and/or voices on multiple media formats, including but not limited to:

- WPDS-Ch. 14
- Written publications
- District websites
- School websites
- Teacher websites
- Social Media Sites
- Marketing Materials

All documents on district-sponsored websites are required to conform to school board policies, including Policy 7.33, Use of Electronic Resources.

In addition, news media, including representatives of television, radio, newspaper and magazines, are periodically permitted on school board property and may take notes, still photographs, sound recordings and/or video that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

Pursuant to Section 540.08 and Section 1002.22, Florida Statutes, the school board is required to obtain express written permission before using any student's name or likeness in the above described manner. If you do not object to the use of your child's name, picture or voice for any purpose mentioned above, please sign the form below granting your consent pursuant to Section 540.08(1) and Section 1002.221(2)(a), F.S. If you have any questions, please contact the principal of your child's school.

If the student or parent/guardian wishes to rescind this permission, he or she may do so at any time with written notice. Unless rescinded, this permission will remain in effect in subsequent years.

REGARDING: _____
(name of student)

NAME OF SCHOOL: _____

I grant permission to use the above student's name, likeness and/or voice in the manners described above.

Date: _____

Student's signature (if 18 or older)

Parent or guardian's signature (if student is under 18)