

BOARD MEMBERS

Tina Certain
 Thomas Vu
 Sarah Rockwell, Ph.D.
 Leannetta McNealy, Ph.D.
 Janine Plavac



District Office
 620 East University Avenue
 Gainesville, Florida
 32601-5498

www.sbac.edu
 (352) 955-7300

SUPERINTENDENT OF SCHOOLS

Dr. Kamela Patton, Superintendent

Mission Statement: We are committed to the success of every student!

Dear Parent/Guardian:

Your child is eligible to attend our **Kindergarten Summer School Learning Program** in order to receive additional academic support. The Kindergarten Summer School Learning Program will focus on learning activities based on the state standards.

- **Summer School Learning Program Dates: Monday, June 9 – Wednesday, July 2**
 - **June 9-12 (4 days, Monday -- Thursday)**
 - **June 16-18 & June 20 (4 days, Monday, Tuesday, Wednesday, Friday)**
 - **June 23-26 (4 days, Monday- Thursday)**
 - **June 30- July 2 (3 days, Monday – Wednesday)**
- **School hours will be 8 a.m. – 1 p.m.**
- **Bus transportation *will* be provided for eligible students.**
- **There is no cost for this program.**

To help us plan this program, please complete the registration form below and return it to your child's teacher by **May 2, 2025**. Due to limited availability, we encourage you to return the permission form promptly to ensure your child's placement. If you have any questions or need further assistance, please feel free to contact your child's school.

Sincerely,

Principal's Signature: _____



Registration – Kindergarten Summer School Learning Program

Program Site: _____

Please return no later than May 2, 2025

Student's Name: _____ Current Grade: _____

Student's Address: _____

Phone: _____ Email: _____

- ☐ I understand that my child is eligible for the Kindergarten Summer School Learning Program.
- ☐ I would like to request bus transportation. (Students who live more than 2 miles from the assigned Summer School site will receive transportation)
- ☐ Yes, my child will attend.
- ☐ No, my child will not attend. Reason: (optional) _____

Parent/Guardian Signature: _____ Date: _____

BOARD MEMBERS

Tina Certain
 Thomas Vu
 Sarah Rockwell, Ph.D.
 Leanetta McNealy, Ph.D.
 Janine Plavac



District Office
 620 East University Avenue
 Gainesville, Florida
 32601-5498

www.sbac.edu
 (352) 955-7300

SUPERINTENDENT OF SCHOOLS

Dr. Kamela Patton, Superintendent

Mission Statement: We are committed to the success of every student!

Dear Parent/Guardian:

Your child is eligible to attend our **1st and 2nd Grade STEAM Summer School Exploration Learning Program** in order to receive additional academic support. The STEAM Summer School Exploration Learning Program will focus on learning activities based on the state standards.

- **Summer School Learning Program Dates: Monday, June 9 – Wednesday, July 2**
 - **June 9-12 (4 days, Monday -- Thursday)**
 - **June 16-18 & June 20 (4 days, Monday, Tuesday, Wednesday, Friday)**
 - **June 23-26 (4 days, Monday- Thursday)**
 - **June 30- July 2 (3 days, Monday – Wednesday)**
- **School hours will be 8 a.m. – 1 p.m.**
- **Bus transportation *will* be provided for eligible students.**
- **There is no cost for this program.**

To help us plan this program, please complete the registration form below and return it to your child's teacher by **May 2, 2025**. Due to limited availability, we encourage you to return the permission form promptly to ensure your child's placement. If you have any questions or need further assistance, please feel free to contact your child's school.

Sincerely,

Principal's Signature: _____



Registration — 1st and 2nd Grade Steam Summer School Exploration Learning Program

Program Site: _____

Please return no later than May 2, 2025

Student's Name: _____ Current Grade: _____

Student's Address: _____

Phone: _____ Email: _____

☐ I understand that my child is eligible for the STEAM School Summer Exploration Learning Program.

☐ I would like to request bus transportation. (Students who live more than 2 miles from the assigned Summer School site will receive transportation)

☐ Yes, my child will attend.

☐ No, my child will not attend. Reason: (optional) _____

Parent/Guardian Signature: _____ Date: _____

BOARD MEMBERS

Tina Certain
 Thomas Vu
 Sarah Rockwell, Ph.D.
 Leanetta McNealy, Ph.D.
 Janine Plavac



District Office
 620 East University Avenue
 Gainesville, Florida
 32601-5498

www.sbac.edu
 (352) 955-7300

SUPERINTENDENT OF SCHOOLS

Dr. Kamela Patton, Superintendent

Mission Statement: We are committed to the success of every student!

Dear Parent/Guardian:

Your child is eligible to attend our **Third Grade Reading Intervention Summer School Experience Program** in order to receive additional academic support in reading. The summer R.I.S.E. Extended School Year Program will focus on acceleration of students' mastery of the state standards for third grade.

- **Summer School Learning Program Dates: Monday, June 9 – Wednesday, July 2**
 - **June 9-12 (4 days, Monday -- Thursday)**
 - **June 16-18 & June 20 (4 days, Monday, Tuesday, Wednesday, Friday)**
 - **June 23-26 (4 days, Monday- Thursday)**
 - **June 30- July 2 (3 days, Monday – Wednesday)**
- **School hours will be 8 a.m. – 1 p.m.**
- **Bus transportation will be provided for eligible students.**
- **There is no cost for this program.**

To help us plan this program, please complete the registration form below and return it to your child's teacher by **May 2, 2025**. We encourage you to return the permission slip as soon as possible to secure your child's place. If you have any questions, please don't hesitate to contact the school.

Sincerely,

Principal's Signature: _____



Registration – Third Grade Summer R.I.S.E. program

Program Site: _____

Please return no later than May 2, 2025

Student's Name: _____ Current Grade: _____

Student's Address: _____

Phone: _____ Email: _____

- ☐ I understand that my child is eligible for the Third Grade Summer R.I.S.E. Program.
- ☐ I would like to request bus transportation. (Students who live more than 2 miles from the assigned Summer School site will receive transportation)
- ☐ Yes, my child will attend.
- ☐ No, my child will not attend. Reason: (optional) _____

Parent/Guardian Signature: _____ Date: _____

BOARD MEMBERS

Tina Certain
 Thomas Vu
 Sarah Rockwell, Ph.D.
 Leanetta McNealy, Ph.D.
 Janine Plavac



District Office
 620 East University Avenue
 Gainesville, Florida
 32601-5498

www.sbac.edu
 (352) 955-7300

SUPERINTENDENT OF SCHOOLS

Dr. Kamela Patton, Superintendent

Mission Statement: We are committed to the success of every student!

Dear Parent/Guardian:

Your child is eligible to attend our **First Grade Summer School Learning Program** in order to receive additional academic support. The First Grade Summer School Learning Program will focus on learning activities based on the state standards.

- **Summer School Learning Program Dates: Monday, June 9 – Wednesday, July 2**
 - **June 9-12 (4 days, Monday -- Thursday)**
 - **June 16-18 & June 20 (4 days, Monday, Tuesday, Wednesday, Friday)**
 - **June 23-26 (4 days, Monday- Thursday)**
 - **June 30- July 2 (3 days, Monday – Wednesday)**
- **School hours will be 8 a.m. – 1 p.m.**
- **Bus transportation will be provided for eligible students.**
- **There is no cost for this program.**

To help us plan this program, please complete the registration form below and return it to your child's teacher by **May 2, 2025**. Due to limited availability, we encourage you to return the permission form promptly to ensure your child's placement. If you have questions or need further assistance, please feel free to contact your child's school.

Sincerely,

Principal's Signature: _____



Registration – First Grade Summer School Learning Program

Program Site: _____

Please return no later than May 2, 2025

Student's Name: _____ Current Grade: _____

Student's Address: _____

Phone: _____ Email: _____

- ☐ I understand that my child is eligible for the First Grade Summer School Learning Program
- ☐ I would like to request bus transportation. (Students who live more than 2 miles from the assigned Summer School site will receive transportation)
- ☐ Yes, my child will attend.
- ☐ No, my child will not attend. Reason: (optional) _____

Parent/Guardian Signature: _____ Date: _____

BOARD MEMBERS

Tina Certain
 Thomas Vu
 Sarah Rockwell, Ph.D.
 Leanetta McNealy, Ph.D.
 Janine Plavac



District Office
 620 East University Avenue
 Gainesville, Florida
 32601-5498

www.sbac.edu
 (352) 955-7300

SUPERINTENDENT OF SCHOOLS

Dr. Kamela Patton, Superintendent

Mission Statement: We are committed to the success of every student!

Dear Parent/Guardian:

Your child is eligible to attend our **Second Grade Summer School Learning Program** to receive additional academic support. The Second Grade Summer School Learning Program will focus on learning activities based on the state standards.

- **Summer School Learning Program Dates: Monday, June 9 – Wednesday, July 2**
 - **June 9-12 (4 days, Monday -- Thursday)**
 - **June 16-18 & June 20 (4 days, Monday, Tuesday, Wednesday, Friday)**
 - **June 23-26 (4 days, Monday- Thursday)**
 - **June 30- July 2 (3 days, Monday – Wednesday)**
- **School hours will be 8 a.m. – 1 p.m.**
- **Bus transportation will be provided for eligible students.**
- **There is no cost for this program.**

To help us plan this program, please complete the registration form below and return it to your child's teacher by **May 2, 2025**. Due to limited availability, we encourage you to return the permission form promptly to ensure your child's placement. If you have questions or need further assistance, please feel free to contact your child's school.

Sincerely,

Principal's Signature: _____



Registration – Second Grade Summer School Learning Program

Program Site: _____

Please return no later than May 2, 2025

Student's Name: _____ Current Grade: _____

Student's Address: _____

Phone: _____ Email: _____

- ☐ I understand that my child is eligible for the Second Grade Summer School Learning Program
- ☐ I would like to request bus transportation. (Students who live more than 2 miles from the assigned Summer School site will receive transportation)
- ☐ Yes, my child will attend.
- ☐ No, my child will not attend. Reason: (optional) _____

Parent/Guardian Signature: _____ Date: _____