



This institution is an equal opportunity provider



JOIN US FOR FREE SUMMER SCHOOL*

JUNE 3 – JUNE 27
MONDAY-THURSDAY
8:15–11:45 A.M.

➔ **ELA** ➔ **Math**

This is a great, teacher-recommended way to keep students' learning skills fine-tuned and primed for the new school year.

ENROLL NOW!

**REGISTRATION CLOSES
MAY 24th SPACES ARE
FILLING UP FAST!**

*There is no fee for La Paloma Lakeside's summer school program; however, admission is limited to only those with a teacher recommendation based on student data.

FOR MORE INFORMATION OR TO REGISTER, PLEASE CONTACT
DEMETRIA OLSEN AT [DOLSEN@LPATUCSON.ORG](mailto:dolsen@lpatuson.org)



April, 2024

La Paloma Academy Summer School

Dear Parent(s)/Guardian(s),

Welcome to La Paloma Academy's 2024 Summer School! We are so excited to have your child participate in our free program to help prepare him/her for the upcoming school year. The program will take place June 3 – June 27. Students wishing to attend will need to have the attached registration documents filled out and returned to the front office by May 24, 2024.

High-quality instruction will be provided daily in the areas of reading, writing, and math. Of these core subjects, we will be specifically working on the key standards students need mastery of in order to be ready for their new grade level. A team of highly qualified teachers has been selected to serve on our Summer School staff.

Summer School hours will be Monday–Thursday, 8:15-11:45 a.m. Please send your child with a snack and water bottle daily. We truly want to provide the best possible education for your child at La Paloma Academy and look forward to seeing you soon! If you have any further questions about our Summer School program, please contact the front office or myself directly.

Sincerely,

Demetria Olsen

Summer School Director



SUMMER SCHOOL REGISTRATION 2024

School Attending: Lakeside

Session Attending: June 3 – June 27

Name of Student: _____ Date of Birth: ____/____/____

Parent(s) or Legal Guardian(s)

Name: _____

Address: _____

Home Phone#: (____) _____-_____ Work Phone#: (____) _____-_____

Email: _____

Emergency Contact: _____

Emergency Contact Phone#: (____) _____-_____

Does your child have any allergies? Yes No

If yes, what are they? _____

Medical Conditions/Medications: _____

Individuals authorized to pick my children up: _____

(Identification may be requested at pick-up)

Parent/Guardian Signature: _____ Date Signed: _____

Picture Policy

I give permission to the La Paloma Academy Summer School program to publish any or all pictures of my child,

_____, taken during the duration and conducting of this program.

Parent/Guardian Initials: _____ Date Initialed: _____