

BOARD OF EDUCATION

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The Solana Beach School District offers scholarships for Summer Enrichment classes at our two summer locations, Solana Vista School and Solana Ranch School.

To be eligible for a scholarship, you must meet all of the following criteria:

- One parent/guardian resides within the boundaries of the Solana Beach School District, and
- Your child is currently a Solana Beach School District student or will be enrolled in Kindergarten in the Solana Beach School District in the fall of 2025, and
- You qualify for one or more of the following:
 - Eligible for Free or Reduced-price Lunch, as Determined by Household Income
 - Classified as Foster Youth
 - Experiencing Homelessness, and
- You can commit to your child's attendance for all 20 days of Summer Enrichment, June 11-July 11, 2025, and
- You will have arrangements for your child's on-time arrival and departure for Summer Enrichment classes each day, 8:30 a.m. 12:00 p.m.

Available scholarships will be awarded on a first-come, first-served basis (pending review of application requirements). Additional information may be requested in order to verify income.

Beginning March 18, 2025, you may obtain a Summer Enrichment Scholarship application by:

- 1. Downloading an application from the Solana Beach School District Summer Enrichment webpage (<u>https://www.sbsd.k12.ca.us/Page/10224</u>)
- 2. Picking up an application in person from your child's school site front office
- 3. Picking up an application in person from the Solana Beach School District Office at 309 N. Rios Ave, Solana Beach, CA 92075

Please return your completed application by Friday, April 25, 2025, to:

Solana Beach School District Instructional Services Department % Summer Enrichment Program Scholarship 309 N. Rios Ave. Solana Beach, CA 92075

You will be notified of your application's status within 30 business days from the close of the application submission period. Please contact the Instructional Services Office with any additional questions at (858) 794-7138.

Check the following boxes to certify that you have read and understand the guidelines to qualify for a Solana Beach School District Summer Enrichment scholarship.

- □ I understand that to be eligible for a Summer Enrichment scholarship, I must meet all of the following criteria:
 - One parent/guardian resides within the boundaries of the Solana Beach School District
 - My child is a current Solana Beach School District Student or will be enrolled in Kindergarten in the Solana Beach School District in the fall of 2025
 - My family qualifies for one or more of the following:
 - o Eligible for Free or Reduced-price Lunch, as Determined by Household Income
 - o Classified as Foster Youth
 - o Experiencing Homelessness
- □ I understand that all information on this application is subject to eligibility verification.
- □ I understand that more information may be requested in order to verify income.
- □ I understand that falsifying or omitting any information requested will disqualify the applicant from the scholarship eligibility process.
- □ I understand that all applications will be considered in the order received and that this scholarship application is only for the 2025 Summer Enrichment program.
- □ I understand that if my application is incomplete or any attachments are missing, my application will be returned as incomplete. This may cause a delay in approval or possible ineligibility.
- I understand the scholarship is available for full-time attendance, Monday through Friday, 8:30 a.m.
 -12:00 p.m. Absences must be for illness or necessity. Consistent absences could result in a loss of scholarship.
- □ I certify that all of the information provided above is true and correct. I have read and understand the above information and guidelines.

Signature of Parent/Guardian

Date



Summer Enrichment Scholarship Application

	Summer Location Preference:	Solana Vista	Solana R	anch
Name of Stud	lent:	Stude	ent ID#:	
Birthdate:	Grade in the Fall 202	25: Sch	nool in the Fall 2025:	
Student home	e address:			
Parent/Guard	ian name:			
	ian Email:			
	ian phone number: ()			
	of Enrichment Class:			
Second Choic	ce of Enrichment Class:			
	ild qualify for ELO-P? (Qualify fo			
Which progra	um do you qualify for: r Reduced Lunch youth	one of the categories a	 Yes bove to be eligible for from 	
Is transportati	ion from your child's home school	needed?	□ Yes	□ No
AM pi	portation services needed: ck-up only ck-up only AM & PM pick-up			
	d CDC camps from June 3 rd to Jun d CDC camps from July 14 th to Au		YesYes	□ No □ No
Will you need Before	d before (7:30 a.m 8:30 a.m.) or a	after-enrichment child	lcare (12:00 p.m 4:30) p.m.)?

- □ Both before & after
- □ No

EMERGENCY CONTACT INFORMATION:

Please list a primary emergency contact other than yourself. The parent/guardian will be notified first. The emergency contact will be called if the parent/guardian is unavailable.

Emergency Contact #1				
Name:				
Phone: ()				
Relationship to student (circle one): Parent/ Guardian/ Other				
Emergency Contact #2				
Name:				
Phone: ()				

Phone: (

Relationship to student (circle one): Parent/ Guardian/ Other

MEDICAL INFORMATION:

Please list any relevant medical information. The Summer Health Clerk will be in contact should more *information be required.*

Student's Doctor:	Phone: ()				
Does your child have medical concerns? Ves No					
If yes, please explain:					
Will your child need medication in the health office? • Yes • No					
If yes, please list the medications your child requires:					
Does your child require any special assistance? Ves No					
If yes, please explain:					

Signature of Parent/Guardian



SBSD Summer Program Media Use Agreement

Student Name: _____

Parent/Guardian Name: _____

□ Yes or □ No: **Publications - School/District**: By checking Yes, I give permission to the District for my child to participate in activities that may occasionally be used for school and/or District publicity, publications, or public relations. I understand that in granting this permission, my child's name, picture, art, written work, voice, verbal statements, or portrait (video or still) may be used by the student's school or the District for "in-house" purposes such as class newsletters, class videos, in-house broadcasting, or District presentations.

□ Yes or □ No: **Publications** – **Non-District**: By checking Yes, I give permission to the District for my child to participate in activities that may be used for school publicity or District publications and for the District to provide credit to my child if their work is highlighted. For example, a student's name, picture, art, written work, voice, verbal statements, or portrait (video or still) may appear in newsletters, videos, or District presentations or publications at the District's discretion, with or without personally identifying the student in this or subsequent years. No monetary consideration shall be paid.

□ Yes or □ No: **Publications** - **School/District Websites:** By checking Yes, I give permission for my child to participate in activities that may be used for school or District websites. District policy states that no photographs of a student shall be published with their name or any other personally identifiable information on the internet. Additionally, phone numbers, home addresses, and email addresses of students or their parents/guardians shall not be published on a District or school website.

□ Yes or □ No: **Publications - Protection of Privacy:** Please be aware that photographing and videotaping by a device such as a cellphone may occur without the knowledge of the teacher, principal, or District staff. Please also be aware that parents and students might take photos of events in classrooms or around schools which they might post on the internet or otherwise distribute without the school's permission.