



Welcome to Polaris 6th Grade Camp 2019

August 20, 2019

Dear 6th Graders and Families,

Welcome to the 6th Grade Camp Experience. We are looking forward to working with this year's new 6th Graders and the future graduating Class of 2026.

We will be on campus from August 20th – 26th. During this time, we will be getting to know each other and preparing for the first semester as highly effective Polaris Secondary students.

On Tuesday (8/27), we will be departing for our Birchwood Camp Retreat and returning on Thursday (8/29) afternoon for regular 2:45PM pick-up. The camp's success greatly depends on volunteers, please see the attached Parent Volunteer Form and return it to school, tomorrow, Wednesday, August 21st. Pictures of Birchwood Camp and this full packet are also available for your reference by clicking the 6th Grade Camp quick link on the school website at polaris.asdk12.org. Our final day of 6th Grade Camp will be back on the Polaris campus, Friday, August 30th.

The intensive fee of \$150 should be paid by Monday, August 26th. Please make checks out to Polaris K-12 School. This fee covers all books and supplies, three days/two nights lodging at Birchwood, and all food/snacks at camp. Need based scholarships are available. The form is attached to this letter and is due to the front office staff by, Wednesday, August 21st.

We recognize that students aren't the only ones transitioning to middle school. As students are getting ready to depart for Birchwood Camp, you are invited to attend a 6th Grade Parent Orientation on Tuesday, August 27th from 8:45-9:30AM in Allie's classroom, RM 161. This is a great opportunity for you to chat with our Principal Carol and our Counselor Susy.

During Intensives, we will be utilizing an app called Remind. It is an easy and free service to receive text and picture updates. This app will also allow you to communicate via text with teachers when we are off-site if needed. Instructions on how to join our class are attached.

Thank you! We are very much looking forward to this time with the 6th Graders!

Allie: Burriss_Allie@asdk12.org

RM 161

Heidi: Postishek_Heidi@asdk12.org

RM 231

Attachments to keep at home for your information:

- Camp Gear List & Directions
- Remind App Instructions
- Birchwood Camp Retreat Schedule

Attachments to be returned by Wednesday, August 21st:

1. ASD Parent Permission Form and Authorization for Emergency Medical Treatment
2. Medical/Allergy Alert and Student Concern Form (if applicable)
3. Medical Request Form (if applicable)
4. ASD Private Vehicle Field Trip Permission Form
5. Volunteer Driver Form (if driving)
6. 6th Grade Camp Parent Volunteer Form
7. ASD Chaperone Policy Agreement (if chaperoning)
8. Intensive Scholarship Request (if needed)

Date to calendar:

- 8/20 – First Day of Intensives
- 8/21 – All Forms Due
- 8/26 – Intensive Fees Due
- 8/27 – Parent Orientation & Depart for Birchwood Camp
- 8/29 – Return from Birchwood Camp



Gear List

Birchwood Camp

You will need to bring:

- Sleeping bag and pillow
- Water bottle
- Journal, pen/pencil, highlighter
- Medications (ALL medications must be checked in through Nurse Patty)
- Three changes of clothing (layers for all weather conditions is recommended)
- Personal toiletries
- Towel and washcloth
- Pajamas
- Insect repellent
- Rain gear
- Hiking footwear
- Comfortable camp shoes
- Flashlight or headlamp
- Watch (optional, but recommended)
- Deck of cards or other appropriate games (optional)

Things NOT to bring:

- Cell phone or other electronics
- Food or snacks
- Pocket or camping knives
- Bear spray
- Lighter or matches

Directions to camp:

- Glenn Highway Southbound
- South Birchwood Exit
- North 0.9 miles on Birchwood Loop Road (on the left; just past CHS)
- Left on Beach Lake Road
- After 0.7 mile take the left fork
- Now you are on Birchwood Camp Lane – 0.4 mile to camp

If you need to contact your child or Polaris teachers while at camp, during school hours you can call the front office at Polaris and they will connect you. Or you can send a message using the Remind app at any time. Directions for Remind are on the back of this sheet.



Sign up for important updates from Heidi Postishek.

Get information for **Polaris K-12 School** right on your phone—not on handouts.

Pick a way to receive messages for **Polaris 6th Grade Camp**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/p6thgc

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B If you don't have a smartphone, get text notifications.

Text the message @p6thgc to the number 81010.

If you're having trouble with 81010, try texting @p6thgc to (907) 341-4868.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/p6thgc on a desktop computer to sign up for email notifications.

Name: _____ Team: _____

Welcome to Birchwood Camp

Polaris 6th Grade Camp 2019

Tuesday, August 27th

6:30 – 9:30	Check-In
9:30 – 10:00	Travel to Birchwood Camp
10:00 – 10:30	All Camp Meeting in the Lodge
10:30 – 11:45	Cabin Assignments and Set-Up
11:45 – 12:00	Clean up for lunch
12:00 – 12:45	Lunch
12:45 - 1:15	Clean-up (Nerds)
1:15 - 2:15	7 Habits Sesh
2:15 - 3:30	Team Cheers
3:30 - 4:00	Free Exploration
4:00 - 5:30	7 Habits Sesh
5:30 - 5:45	Clean up for dinner
6:00 - 6:45	Dinner
6:45 – 7:00	Clean-up (Dweebs)
7:00 – 8:00	Capture the Flag
8:00 – 8:30	Geeks & Nerds vs. Dorks & Dweebs
8:30 – 9:00	Camp Fire - Team Cheers
9:00	Get ready for bed & in cabins
	Lights Out



DRAFET

What is a “7 Habit Sesh”?

Sesh is a colloquial or slang short form of **session**. Generally, sesh refers to a period of time spent engaged in some group activity. An informal get-together to perform a group activity, usually with an element of excitement. Although a sesh may or may not have a defined goal to accomplish, it generally encompasses an implicit goal of a social bonding experience.

During a 7 Habit Sesh, we will be looking at how we put the Habits into action and have some fun!

Wednesday, August 28th

8:00 – 8:30 Wake up and get ready for the day
8:30 – 8:40 Clean up for breakfast
8:40 – 9:15 Breakfast
9:15 – 9:30 Clean-up (Dorks) & Cabin Clean-up
9:30-12:30 Team Activities
12:30 - 12:45 Clean up for lunch
12:45 - 1:30 Lunch
1:30 – 1:45 Clean-up (Geeks)
1:45 – 3:15 7 Habits Sesh
3:15 - 4:15 Team Skits
4:15 - 5:15 7 Habits Sesh
5:15 - 6:00 Free Exploration
6:00 - 6:15 Wash up for Dinner
6:15 - 6:45 Dinner
6:45 - 7:15 Clean-up (Nerds)
7:15 – 7:30 Final Skit Rehearsals
7:30 – 8:30 Camp Fire & Skit Performances
8:30 - 9:00 Get ready for bed & in cabins
9:00 Lights Out

Thursday, August 29th

8:00 - 8:15 Wake up and get ready for the day
8:15 - 8:30 Clean-up for breakfast
8:30 - 9:15 Breakfast
9:15 - 9:45 Clean-up (Dweebs) & Cabin Clean-up
9:45 - 10:45 7 Habits Sesh
10:45 - 11:45 Free Exploration
11:45 - 12:00 Clean-up for lunch
12:00 - 12:45 Lunch
12:45 - 1:15 All Camp Clean Up
1:15 – 1:30 Bring gear to the lodge
1:30 Depart Birchwood Camp
2:00 Arrive at Polaris for schedule walk through

DRAFT

**Anchorage School District
Parent Field Trip Permission Form and
Authorization for Emergency Medical Treatment**

To: Podaris K-12
(Name of School)

I/we hereby give permission for our student _____
(Student Name)

to attend the 6TH Grade Camp Retreat
(Activity)

at/in Birchwood Camp on August 27-29, 2019
(Location) (Activity Date)

I/we understand that he/she will be traveling to this function via Private
(Type of Transportation)

Supervision and chaperoning will be provided by the Anchorage School District.

It is agreed that the student will abide by all rules and regulations of the School District authorities.

I/we consent to any emergency transportation, medical treatment, care or hospitalization deemed necessary for the welfare of my student by a medical professional or medical facility in the event of injury or illness while he/she is participating in the above stated activity. I/we understand that the district will assume no liability or costs for such emergency transportation and medical treatment. I/we also understand that insurance coverage is my responsibility.

I understand that the District does not provide students with accident insurance, however, student accident insurance can be purchased separately for initial coverage or to supplement private coverage.

Signature of Parent or Guardian

Date signed _____

Signature of Student

Emergency Contacts during time of trip:

Name _____ Phone # _____ Relationship to Student: _____

Name _____ Phone # _____ Relationship to Student: _____

Name _____ Phone # _____ Relationship to Student: _____



Medical/Allergy Alert & Student Concern Form

Student Name: _____

MEDICAL ALERTS AND MEDICATIONS

Please list any food or other allergies:

Please list any other medical and/or special concerns:

*All medications must be given to the school nurse in the **original container** with a completed **ASD Medication Request** form by Monday, August 26th, 2019.*

*If you have any questions regarding medical concerns,
please contact Nurse Patty directly at 742-8701 or Barker_Patricia@asdk12.org.*

The purpose of 6th Grade Camp is to help your child smoothly transition into the Polaris Secondary Program. If you would like to share any information or specific concerns regarding your child during camp or as a secondary student, please do so in the space below or see us privately.



MEDICATION REQUEST LONG TERM

NON PRESCRIPTION/OTC

STUDENT NAME (PRINTED): _____ BIRTHDATE: _____ GRADE: _____ SCHOOL I.D. # _____

Allergies (Medication): _____

As parent/guardian of the above named student, I request the School District to give medicine for the following condition(s) (Check all that apply)

CONDITION: Headache Cramps Dental Other: _____

MEDICINE: Acetaminophen/Tylenol Ibuprofen/Advil Naproxen/Aleve Tums Other _____

Dose: _____ Frequency: _____ Specify Time: _____ or As Needed: _____

I understand that the school is not legally obligated to administer medication to my child. Therefore, I agree to defend and hold harmless, the school district and its employees from any liability for the results of the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. Medication request must be deemed necessary to maintain or improve health and participation in the school program. Each request will be assessed for the most appropriate intervention and will be given at the standard dosage recommended by manufacturer. I will notify the nurse if I give this medication to my child before arrival at school while this request is in effect to prevent overmedicating. I agree to supply medication for my student in its original packaging (small bottles only, please). I also affirm that my child has taken this medicine at least two times in the past without any adverse side effects. I understand that the medicine will be destroyed unless picked up by the end of the last student school day of this year. Medicines will not be kept by the school over the summer break per DEA regulations.

Parent/Legal Guardian Signature: _____ Printed Parent Name: _____ Date: _____

NON PRESCRIPTION (OTC) MEDICATION ADMINISTRATION RECORD

DATE~TIME~INITIALS	DATE~TIME~INITIALS	DATE~TIME~INITIALS	DATE~TIME~INITIALS	DATE~TIME~INITIALS	DATE~TIME~INITIALS

Initials _____ Name _____ Initials _____ Name _____ Initials _____ Name _____
Initials _____ Name _____ Initials _____ Name _____ Initials _____ Name _____



ANCHORAGE SCHOOL DISTRICT

MEDICATION REQUEST: **SHORT TERM PRESCRIPTION**

STUDENT _____ BIRTHDATE _____ SCHOOL _____

Note: Prescription Medication must be in the original container indicating the following information: student name, dosage, healthcare provider, pharmacy, date issued, and prescription number.

PARENT STATEMENT:

- I request that the following prescription medication be given to my child named above for not more than **15 school days**.
- For this condition _____
- I understand that only current medications will be given at school.
- I understand that in the absence of the school nurse, other school personnel will administer the medication.
- I agree to defend and hold the school district employees harmless from any liability for the results of the medication or the manner, in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements.
- **I will notify the school immediately if the medication is changed.**
- I give permission for exchange of confidential information or consent for release of health information between medical provider and school district regarding this medication as part of the provision of my child's care.
- **I understand that this medication will be destroyed unless picked up by the end of the last student school day of the year.**

Medication _____ Dose _____
 Time/dosage to be given _____
 Begin Date _____ End Date _____
 Possible Side Effects _____
 Healthcare Provider _____ Phone _____

As parent/guardian of the above named student, I request the Anchorage School District to give medication to my child.

Parent/Guardian Signature _____ Date _____
 Parent/Guardian Printed Name _____
 Home phone _____ Work/Emergency Phone _____

Date	Time	Initials	Date	Time	Initials
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8					
Name/Initials		Name/Initials			
Name/Initials		Name/Initials			

ANCHORAGE SCHOOL DISTRICT
PRIVATE VEHICLE FIELD TRIP PERMISSION FORM

School: Polaris K-12 Date: _____

I/we hereby give permission for my/our son/daughter _____
(Student Name)

to attend 6TH Grade Camp Retreat
(Activity)

at Birchwood Camp on August 27-29, 2019
(Location) (Activity Date)

I/We understand that my student will be traveling to this function via private vehicle.

Supervision and chaperoning will be provided by the Anchorage School District. It is agreed that the child named above will abide by all rules and regulations of the School District authorities.

I/We consent to any emergency transportation, medical treatment, care or hospitalization deemed necessary for the welfare of my student by a medical professional or medical facility in the event of injury or illness while he/she is participating in the above stated activity. I/we understand that the district will assume no liability or costs for such emergency transportation and medical treatment. I/we understand that insurance coverage is my responsibility.

I understand that the District does not provide students with accident insurance; however, student accident insurance can be purchased separately for initial coverage or to supplement private coverage.

Did you know? Under Alaska law, children under the age of 8 who have not reached certain size requirements must use a booster seat. Children age 8 and older who do not meet the size requirements may be secured with either a seat belt or a booster seat.

The Anchorage School District wants to transport students safely and in accordance with the law. To do this, we need you to let us know your child's height and weight categories and provide a booster seat if required. Please check the following, as appropriate for your student:

Please Select only ONE of the following:

My child is under age 8 and:

_____ I certify that my child weighs at least 65 pounds **and/or** is at least 4'9" in height. My child should be secured with a seat belt.

_____ I certify that my child weighs less than 65 pounds **and** is under 4'9" in height. My child requires a booster seat. **I will provide the seat to the school on the day of the field trip.**

My child is age 8 or older and:

_____ I certify that my child weighs at least 65 pounds **and/or** is at least 4'9" in height. My child should be secured with a seat belt.

_____ I certify that my child weighs less than 65 pounds **and** is under 4'9" in height. It is my preference that my child be secured with a seat belt.*

_____ I certify that my child weighs less than 65 pounds **and** is under 4'9" in height. It is my preference that my child uses a booster seat. **I will provide the seat to the school on the day of the field trip.***

DATED IN _____, ALASKA, THIS _____ DAY

OF _____, 20__.

Signature of Parent or Guardian

Signature of Student

***Under Alaska law, the determination of the appropriate restraint for a child age 8 or older who does not meet the size requirements is to be made by the driver of the vehicle. However, all drivers will be informed of parent preference.**



Anchorage School District
Educating All Students for Success in Life

VOLUNTEER DRIVER FORM

In completing this form one week prior to the first field trip, I am volunteering to provide pupil transportation on an individual basis for school sponsored programs, i.e., field trips, etc., at Palmer K-12 School for the 19/20 school year.

I understand and agree as shown by my initials below that each of the following conditions are met:

- I am at least 21 years of age and have a current and valid driver license (**attach** copy).
- I maintain auto liability insurance in the minimum amount of \$100,000/\$300,000 bodily injury and \$25,000 property damage and will maintain such coverage throughout the school year (proof of insurance showing the limits **attached**).
- I maintain a current vehicle registration (copy **attached**).
- The vehicle is equipped with operational seat belts.
- I have no DUI convictions within the past 3 years and no pending DUI cases.
- I am not a registered sex offender or registered child kidnapper.

While driving students, I understand and agree to abide by the following rules:

- I will have no firearm or weapon on my person or in the vehicle while transporting students.
- I will not utilize a cell phone for any reason while the vehicle is in motion.
- I will not be under the influence of, or have on my person or within the vehicle, any level of alcohol or drugs. I will not be under the influence of any medication that may impair my ability to operate the vehicle safely.
- I will not smoke, use tobacco products, or permit smoking or use of tobacco products while driving students. No tobacco products will be visible to students.
- I will notify the school immediately if there is a vehicle delay or accident.
- I will not transport a lone student who is not a family member.
- I will insure that all occupants are wearing a seat belt at all times whenever they are in the vehicle.
- I will use a booster seat for students under age eight (8), unless the child has reached four foot-nine inches (4' 9") in height. (If a booster seat is required, the child's parent will provide it.)
- If my vehicle is equipped with a front passenger side air bag (**Supplemental Restraint System**), I will not allow any student 12 years of age or under to ride in the front passenger seat unless the system has an on-off switch and is turned off.

Signature: _____ Printed Name: _____ Date: _____

Address _____ Phone# _____

ASD Use Only-Please initial boxes upon verification, print, sign and date.

- SOA Courtview SOA Sex Offender Reg Insurance Limits met

Verifiers Printed Name _____ Verifiers Signature _____ Date _____

6th Grade Camp 2019 • Parent Volunteer Form

Parent's Name: _____

Student's Name: _____ Parent Cell Phone: _____

Email: _____

Date	Event	Time	Volunteers	STILL NEEDED	Yes, I can volunteer for this event.
Tuesday 8/27/19	Drivers to Birchwood Camp	Leave Polaris at 9:00		Seats for 45 students and gear	My vehicle has seatbelts for ___ students.
Tuesday 8/27/19	Overnight chaperones*	As available**		Three female and three male chaperones	
Wednesday 8/28/19	Overnight chaperones*	As available**		Three female and three male chaperons	
Thursday 8/29/19	Drivers to pick-up from Birchwood Camp to return to Polaris	Pick-up at Birchwood at 1:30		Seats for 45 students and gear	My vehicle has seatbelts for ___ students.

* Three male chaperones and three female chaperones are needed each night

** Overnight chaperones have the flexibility of arriving at any time before 8:30 pm and leaving any time after 6:00 am the following morning. All overnight volunteers at camp will have lodging provided.

DISTRICT-SPONSORED TRIPS POLICY FOR TRAVEL WITH STUDENTS

Event and Date Polaris 6th Grade Camp; August 27-29, 2019

All out-of-district travel is defined by and undertaken in accordance with applicable School Board policy and with the approval of the appropriate division executive director.

All adults who travel with and supervise or assist in the supervision of ASD students on an out-of-district trip agree that their supervisory responsibilities extend to 24 hours each day for the full period of the trip. This is true whether they are acting in the capacity of coaches with direct responsibility for team members, team sponsors for the activity, parents/volunteers who have offered to provide supervision for the trip, or are an administrator or administrative designee acting as the district representative overseeing the trip. The same behavior expectations exist for all adults as well as students:

- The use or possession of alcoholic beverages by any adult or student is prohibited
- No firearm or weapon is to be present in any vehicle or on the person of any adult or student
- All Anchorage School District behavior guidelines, including the Drug and Alcohol Policy, apply to all students
- The Anchorage School District Drug Free Work Place policy which prohibits the possession, use, distribution or sale of illicit drugs, is in effect and extends to all personnel, including volunteers, who have supervisory responsibilities for students
- All adults will be available at all times, 24 hours a day, to assist student or other adults

Any Anchorage School District employee working in the capacity described above, or on approved Civic Leave to work with young people who may or may not be ASD students, who violates this policy will be subject to disciplinary action up to and including the termination of their employment with the Anchorage School District.

As a coach/sponsor/administrator or designee/volunteer, I have read and agree to abide by the Anchorage School District policy governing travel with students

Signature: _____ Date _____

Printed Name: _____ Capacity _____

Accepted/Building Principal: _____ Date _____



INTENSIVE SCHOLARSHIP APPLICATION

Leading the Pack!

Polaris K-12 School offers need-based scholarships for students seeking to participate in educational opportunities through intensives. Students may apply for a scholarship one time per school year. Application due dates are posted in the Intensive catalogs. Only forms that are complete and submitted before 8:30AM on the due date will be considered for a scholarship.

Student:		Date:	
Family Group Teacher/Advisor:		Grade:	
Parent/Guardian(s):		Scholarship Amount Requested:	
Intensive:	Intensive Teacher:	Intensive Cost:	
School Year:		<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	

Describe how this intensive will benefit you: (Student should complete this section independently as appropriate)

Have you sought funding from other sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state the source and the amount of money applied for and/or granted.	

If funding is approved, the office staff will notify you. Polaris K-12 School requires that a short report be submitted in writing within 30 days of the intensive. *Share your experience. How did the intensive provide the learning you expected?*

Student Signature

Parent/Guardian Signature

Office Use Only

Scholarship Granted:	Amount:	Notification:	Deposited:	Written Reflection Received:
<input type="checkbox"/> Yes <input type="checkbox"/> No				