

**UNIVERSITY OF MISSOURI-KANSAS CITY
SCHOOL OF MEDICINE
SATURDAY ACADEMY**

PARENT INFORMATION

The UMKC School of Medicine will again host Saturday Academy, a free program for students in 6th through 12th grade. The goal of the program is to provide enrichment in math and science, and further develop test-taking strategies and study skills. This preparation is especially important for students interested in entering a career in healthcare or another science-intensive area of study. These skills are also necessary for students wanting to prepare for college.

While the program is designed for student development and preparation, there is also a parent component designed to assist parents in supporting their student's academic success. The parent component includes quarterly meetings that take place on Saturdays while the students are in class.

Saturday Academy takes place on most Saturdays from October through May. Saturday Academy will begin on October 19 with an orientation at 10:00 am. Classes will start the following week. All sessions after orientation will run from 10:00 a.m. to 12:30 p.m. at:

UMKC School of Medicine
2411 Holmes Street
Kansas City, MO 64108

Students interested in Saturday Academy must meet the following requirements:

- Student in grades 6 – 12
- Must be motivated with an interest in math, science or health care careers
- Must be able to provide own transportation to and from the UMKC School of Medicine

Please review the following forms and return signed to davisall@umkc.edu or:

UMKC School of Medicine
Office of Admissions, M1-103
Attn: Saturday Academy
2411 Holmes
Kansas City, MO 64108

The Parent/Guardian Consent and Commitment Statement are due no later than Friday, October 4, 2019.

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PARENT/GUARDIAN CONSENT AND COMMITMENT STATEMENT

I, _____, the parent/guardian of _____ understand the objectives of Saturday Academy and the exceptional opportunity the program offers. I have discussed the components of the program with my child and hereby give my permission for him/her to participate in the 2019--2020 program. I agree and am committed to assisting my child in his/her effort to complete the program and agree to provide/arrange transportation to/from each Saturday Academy session.

Parent/Guardian Signature

Date

Parent/Guardian Work Number

Parent/Guardian Cell Number

Emergency Contact Name

Emergency Contact Number

STUDENT COMMITMENT STATEMENT

I understand that Saturday Academy is designed to help me grow in the areas of math and science, and I will commit to attending each session, working hard, respecting my peers and those leading the sessions, and committing to improving in these areas.

Student Signature

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PARENT/GUARDIAN AUTHORIZATION FOR RELEASE OF INFORMATION

_____ is interested in participating in the UMKC
(Student Name)

School of Medicine Saturday Academy. The goal of the program is to provide enrichment in math and science, and further develop test-taking strategies and study skills for students in 6th through 12th grade. Towards this end, I, _____,
(Parent/Guardian Name)

authorize _____ or the school district to release
(Name of School)

information about this student to the UMKC School of Medicine Office of Admissions beginning on _____ through the duration of the student's participation
(Today's Date)

in Saturday Academy. I authorize the release of information related to school attendance, grades and standardized test scores. I agree for the UMKC School of Medicine to use this information for the sole purpose of evaluation and improvement of the Saturday Academy program and the program's effectiveness in improving the academic achievement of its participants.

Parent/Guardian Signature

Date

Print Name

Relationship to Child

This authorization may be withdrawn at any time by written notice to:

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Kansas City, MO 64108