

SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH

STUDY BUDDY PROGRAM

SPRING 2010

Monday, March 8 through Thursday, May 6

STUDY BUDDY, sponsored by San Dieguito Alliance and the Encinitas Union School District and its PTAs, is a community service opportunity to tutor and friendship an elementary school student for one hour after school each week. **Mandatory orientation** will be held the **week of March 8** and the **STUDY BUDDY sessions** will be from **Monday, March 15 through Thursday, May 6 (except for the weeks of March 29 and April 5).**

DUE TO THE OVERWHELMING NUMBER OF TEEN APPLICATIONS AT THE ELEMENTARY SCHOOLS NEAREST LA COSTA CANYON HIGH SCHOOL, WE ASK THAT YOU CHOOSE TO BE A STUDY BUDDY AT THE ELEMENTARY SCHOOL NEAREST YOUR HOME. (See map on back.)

You must be committed to

- ✓ **attend ALL 6 sessions**
- ✓ **attend the mandatory orientation during the week of March 8.** (You will be notified by postcard as to school assignment, and date and time of orientation.)
- ✓ **model an alcohol, tobacco and drug free lifestyle**

STUDY BUDDY SCHOOLS AND THEIR DIRECTORS:

CAPRI

941 Capri Road, Encinitas
Susan Mathur, (760) 944-2900

EL CAMINO CREEK

7885 Paseo Aliso, Carlsbad
Ann Arm, (760) 634-9810

FLORA VISTA

1690 Wandering Road, Encinitas
Sheri Pacitto, (760) 943-8125

LA COSTA HEIGHTS

3035 Levante, Carlsbad
Michelle Schaffer
(760) 809-8377

MISSION ESTANCIA

3330 Calle Barcellona, Carlsbad
Judy Gregg, (760) 634-8193

OLIVENHAIN PIONEER

8000 Calle Acervo, Carlsbad
Debra Bern, (858) 344-9893

PARK DALE LANE

2050 Park Dale Lane, Encinitas
Shawn Feisst, (760) 822-5750

PAUL ECKE CENTRAL

185 Union Street, Encinitas
Tammy Nemish, (760) 930-1378

APPLICATION DEADLINE: FRIDAY, FEBRUARY 19, 2010

DROP at La Costa Canyon High School Counselor's Office or

FAX to San Dieguito Alliance, (760) 943-1165

Questions: Diane Grace, STUDY BUDDY Program Director, (760) 943-1164 or SDAlliance4@aol.com

SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH ENCINITAS STUDY BUDDY PROGRAMS - SPRING 2010

Check any of the STUDY BUDDY Programs and **any of the days** in which you are interested. **Due to the large number of students at certain schools, we may ask if you can move to another school.**

- | | | |
|---|---|---|
| <input type="checkbox"/> <u>Capri**</u>
Wednesday
3:30 - 4:30 | <input type="checkbox"/> <u>La Costa Heights</u>
Monday
2:50 - 3:50 | <input type="checkbox"/> <u>Olivenhain Pioneer</u>
Monday
2:45 - 3:45 |
| <input type="checkbox"/> <u>El Camino Creek</u>
Tuesday
2:50 - 3:50 | <input type="checkbox"/> <u>Mission Estancia</u>
Tuesday
2:45 - 3:45 | <input type="checkbox"/> <u>Park Dale Lane**</u>
Monday
3:00 - 4:00 |
| <input type="checkbox"/> <u>Flora Vista</u>
Wednesday
3:00 - 4:00 | <input type="checkbox"/> <u>Paul Ecke Central**</u>
Tuesday
3:00 - 4:00 | <input type="checkbox"/> I AM WILLING TO GO TO ANY SCHOOL ON ANY DAY. CALL ME TO LET ME KNOW WHERE I CAN BE A STUDY BUDDY.

**Extra Community Service Hours Given |

NAME (Please print in **DARK INK** ONLY) _____ HOME PHONE _____ CELL/ALTERNATE PHONE _____

ADDRESS (including **CITY AND ZIP CODE**) _____ EMAIL ADDRESS _____

_____ HIGH SCHOOL _____ CLASS OF 2010, 2011, 2012, 2013 _____ DATE OF BIRTH _____ MALE/FEMALE _____

Have you participated as a TEEN in San Dieguito Alliance's STUDY BUDDY Program? Yes ___ No ___ School _____

Do you prefer your Buddy to be Boy _____ Girl _____ Grades 2,3 _____ Grades 4,5,6 _____ No Preference _____

Do you speak a second language? Yes ___ No ___ If so, which one _____

What are your favorite school subjects, sports and other interests? Mention any experience working with children. _____

APPLICATIONS WILL BE RETURNED TO YOU WITHOUT THE 3 REQUIRED SIGNATURES.

By signing, I am committed to

- model an alcohol, tobacco and other drug free lifestyle
- exemplify a positive role model for children
- demonstrate respect for academic scholarship
- attend the **mandatory orientation and ALL 6 sessions** of the STUDY BUDDY Program

_____ (Student signature)

By signing, I recognize my teen's participation in the program and their pledge to be alcohol, tobacco and other drug free.

_____ (Parent signature) _____ (Phone)

By signing, I recommend this student for the STUDY BUDDY Program.

_____ (Counselor or Teacher signature) _____ (Print Name)

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