

SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH

STUDY BUDDY PROGRAM - SPRING 2017

STUDY BUDDY, sponsored by San Dieguito Alliance, the Solana Beach Elementary School District and their PTA/PTOs and the San Dieguito Union High School District, is a community service opportunity to tutor and friendship an elementary school student for one hour after school each week. **Due to the late dismissal times of Canyon Crest Academy, the only STUDY BUDDY program available to their students will be at Solana Ranch Elementary School.**

IF YOU DO NOT HAVE A FOURTH PERIOD CLASS, YOU CAN BE A STUDY BUDDY AT OTHER SOLANA BEACH SCHOOLS WHOSE PROGRAMS BEGIN AT 2:50. PLEASE INDICATE THAT ON APPLICATION.

SOLANA RANCH ELEMENTARY

Mandatory orientation is March 8

Program begins March 22

NO programs April 12

Program ends May 17

You must be committed to

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

STUDY BUDDY DIRECTORS:

Solana Ranch Elementary

13605 Pacific Highlands Ranch, San Diego

Patrice Gold, (619) 890-3240

Monika Verma, (858) 349-8832

APPLICATION DEADLINE: THURSDAY, FEBRUARY 16, 2017

DROP at your School Counseling Office, or

FAX to San Dieguito Alliance, (858) 408-1908

Questions: Diane Grace, STUDY BUDDY Program Director, (858) 703-7277

or SDAlliance4@aol.com

**SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH
SOLANA BEACH STUDY BUDDY PROGRAMS - SPRING 2017**

___Solana Ranch Elementary
Wednesday
3:20 - 4:20pm

NAME (Please print in **dark ink** ONLY) _____ HOME PHONE _____ CELL/ALTERNATE PHONE _____

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

HIGH SCHOOL _____ CLASS OF 2017, 2018, 2019, 2020 _____ 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 8 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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