

San Dieguito Alliance for Drug Free Youth

STUDY BUDDY PROGRAM -SPRING 2020

Monday, March 2 through Wednesday, May 13

The STUDY BUDDY Program, sponsored by San Dieguito Alliance, the Del Mar, Rancho Santa Fe and Solana Beach Elementary School Districts and their PTA/PTO/Foundations, is a community service opportunity for **SENIORS, JUNIORS, SOPHOMORES and FRESHMEN** to tutor and friendship an elementary school student for one hour after school each week.

DEL MAR (DM) SCHOOLS

8 Week Program

Orientation - Week of March 2
Program begins week of March 9
Program ends week of May 11

RANCHO SANTA FE (RSF) SCHOOL

8 Week Program

Orientation - Week of March 2
Program begins week of March 9
Program ends week of May 4

SOLANA BEACH SCHOOLS

8 Week Program

Orientation - Week of March 2
Program begins week of March 16
Program ends week of May 11

Due to the overwhelming number of teen applications for the elementary schools nearest Torrey Pines 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 the **MANDATORY ORIENTATION**. (You will be notified by postcard as to school assignment and date and time of orientation.)
- ✓ attend **ALL STUDY BUDDY** sessions.
- ✓ model an alcohol, tobacco and drug free lifestyle.

STUDY BUDDY SCHOOLS AND THEIR DIRECTORS:

Ashley Falls (DM-1)

13030 Ashley Falls Drive, SD
Deanna Fox, (858) 205-3876

Carmel Del Mar (DM-2)

12345 Carmel Park, SD
Brian Carroll, (858) 481-6789, ext. 3526

Del Mar Hills (DM-6)

14085 Mango Drive, DM
Jenn Hill, (619) 846-9171

Ocean Air (DM-5)

11444 Canter Heights Drive, SD
Rosa Swart, (858) 449-1623

Sage Canyon (DM-3)

5290 Harvest Run Drive, SD
Ellen Lavis, (858) 336-8318

Rancho Santa Fe (RSF)

5927 La Granada, RSF
Kim Kased, (858) 756-1141 x 404

Solana Santa Fe (SB-2)

6570 El Apajo, Rancho Santa Fe
Teri Summerhays, (858) 756-5153

APPLICATION DEADLINE: THURSDAY, FEBRUARY 13, 2020

DROP at your School Counselor's Office or
FAX to San Dieguito Alliance, (858) 408-1908

ADDITIONAL APPLICATIONS AVAILABLE AT sandiequitalliance.org

QUESTIONS Diane Grace, STUDY BUDDY Program Director, (858) 703-7277 or SDAlliance4@aol.com

**SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH
DEL MAR, RANCHO SANTA FE and SOLANA BEACH STUDY BUDDY PROGRAMS
SPRING 2020**

Check any of the STUDY BUDDY programs and **any of the days** in which you are interested. Please consider being a STUDY BUDDY at the elementary school in your neighborhood. (See Map)

- | | | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> <u>Ashley Falls</u>
Monday
2:45 - 3:50 | <input type="checkbox"/> <u>Del Mar Hills**</u>
Monday
2:45 - 3:50 | <input type="checkbox"/> <u>Sage Canyon**</u>
Tuesday
2:55 - 4:00 | <input type="checkbox"/> <u>Rancho Santa Fe**</u>
Tuesday
3:00 - 4:00 |
| <input type="checkbox"/> <u>Carmel Del Mar</u>
Monday
3:00 - 4:00 | <input type="checkbox"/> <u>Ocean Air**</u>
Monday
2:55 - 4:00 | | <input type="checkbox"/> <u>Solana Santa Fe**</u>
Monday
3:00 - 4:00 |

****Additional**
community service
hours will be given for
travel time to these
schools.

I AM WILLING TO GO TO ANY SCHOOL ON ANY DAY. CALL ME TO LET ME KNOW WHERE I CAN BE A STUDY BUDDY.

IF SPACE PERMITS, I AM WILLING TO DO A SECOND DAY. PLEASE CALL ME TO LET ME KNOW WHERE I AM NEEDED.

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

MAILING ADDRESS/PO BOX (including **CITY and ZIP CODE**) _____ E MAIL ADDRESS _____

HIGH SCHOOL _____ CLASS OF 2020, 2021, 2022,2023 _____ DATE OF BIRTH _____ MALE/FEMALE _____

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

Do you prefer your Buddy to be Boy ___ Girl ___ Grades 1,2,3,4 ___ Grades 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.

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

- 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 sessions** of the STUDY BUDDY Program

_____ (Student signature)

By signing, I recognize my teen's participation in this 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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