

MILFORD MILL ACADEMY
3800 WASHINGTON AVENUE
BALTIMORE, MARYLAND 21244-3799
410-887-0660
FAX 410-887-0681
<http://milfordmillhs.bcps.org>



June 12, 2009

To: Parents and Guardians
From: Nathaniel Gibson, Principal

RE: Summer Program for High School Assessments (HSAs)

Milford Mill Academy is offering summer review programs for **Algebra I, American Government, Biology, and English 10**. **In order to participate, students must have already earned credit in the class for which they register.** The summer program will help students learn and review skills needed to pass the **High School Assessments (HSAs)**. Students who are interested in retaking an assessment in order to pass an HSA or to improve a score on an HSA are encouraged to attend.

Please note the following:

- **The summer program will last for five days, July 20 – July 24, 2009, from 8:00 am – 2:30 pm.**
- Students may only participate in one session.
- Lunch and snacks will be provided.
- Transportation will not be provided.
- This is an ungraded support program and students will not earn credit for participation.
- Students must have earned credit in the class for which they register.

Students who complete the one week summer program will take the Maryland High School Assessments at Milford Mill Academy during the week of July 27. *The HSA will be given for Algebra I on July 27; American Government on July 28; English 10 on July 29; and Biology on July 30.* This is an additional opportunity for students to take and pass the HSAs needed for graduation.

Please complete and sign the second page of this letter to acknowledge your receipt, and **return it to the main office by Tuesday, July 14**. If you have any questions about the summer program, please feel free to call the school at 410-887-0660 or email Ruth Andrione (randrione@bcps.org) or Merah Burke (mburke@bcps.org).

**PLEASE COMPLETE THE INFORMATION FOR YOUR CHILD AND RETURN
THIS PAGE TO THE MAIN OFFICE BY JULY 14.**

STUDENT'S NAME _____ GRADE _____

_____ I accept the summer school services offered by Milford Mill Academy and my child will be attending. My signature on this agreement confirms that I will ensure my child attends daily and participates fully in the program.

Please **check the ONE review course** you would like your child to attend. Please remember that **students must have already earned credit in the course for which they register.**

- _____ Algebra I
- _____ American Government
- _____ Biology
- _____ English 10

_____ I decline the summer school services offered by Milford Mill Academy.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

Street

City

Zip Code

Parent/Guardian Phone Number: _____