

LET YOUR IDEAS SOAR!

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SUMMER



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During the design process, students apply knowledge gained about aerodynamics and the forces that act on rockets.

EXPERIENCE

STUDENTS WILL COMPETE IN THREE ROCKET ENGINEERING CHALLENGES

- soaring to the highest altitude
- carrying a payload to the highest altitude, and
- achieving the longest flight time



WHAT IS THE SUMMER STEM EXPERIENCE?

This is a unique and exciting opportunity for boys and girls of all ability levels, entering grade 7, 8, or 9 in the Rutherford Schools. Students will work in teams to learn the basics of design, engineering and application. Following the design phase, they will construct a rocket to compete in the engineering challenge.

WHAT CONCEPTS WILL THE STUDENTS LEARN?

While having fun, students will identify the forces acting on a rocket, construct an altitude scope, conduct a propulsion experiment, explore the aerodynamics of rockets, and learn about rocket recovery systems.

HOW WILL THE CLASS BE CONDUCTED?

This is a hands-on, highly interactive and problem-based learning experience. The sessions will be taught by Mr. Timothy Ajala, who is the teacher in charge of the high school STEM lab.

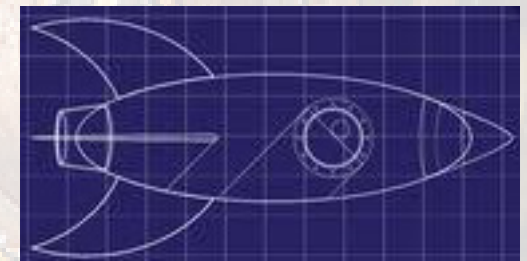
HOW LONG IS THE PROGRAM?

A student is invited to register for one of the two-week sessions in the morning OR in the afternoon. The morning session runs from 8:30 - 11:30 a.m. The afternoon session runs from 12:00 - 3:00 p.m. The program is in session from Monday to Thursday during the following weeks:

JULY 9 – JULY 19
JULY 23 – AUGUST 2

WHAT IS THE REGISTRATION PROCESS?

Fill out the enclosed registration form and mail it to the address on the form or drop it off at the district office at 176 Park Avenue between 8:00 a.m. and 4:00 p.m. by Wednesday, May 16, 2018. Due to the nature of the program, space is limited and students will be accepted on a first come, first served basis.



WHERE WILL THE STEM EXPERIENCE TAKE PLACE?

Students will work in the state-of-the-art STEM lab in Rutherford High School.

IS THERE A FEE TO PARTICIPATE IN THE PROGRAM?

The fee is \$150.00*

**If you need assistance with the fee, please make a confidential call to Mr. Hurley at 201-438-7675 ext. 1101.*

RUTHERFORD PUBLIC SCHOOLS

SUMMER



EXPERIENCE!

Any student who is enrolled in the Rutherford School District and entering grades 7, 8 or 9 in September 2018 is eligible to attend the Summer STEM Experience. Please complete this enrollment form and include a \$150.00 check payable to the Rutherford Board of Education.

Student Name (listed on birth certificate): _____ **Preferred Name:** _____

Home Address: _____

Entering Grade for September 2018: Grade 7 Grade 8 Grade 9

Parent Information

Mother: Child resides with: Y N

Father: Child resides with: Y N

Mother's Name: _____

Father's Name: _____

If the address is the same as the one to the left check here:

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

This is the child's primary address: Y N

This is the child's primary address: Y N

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail _____

E-mail _____

Other LEGAL Guardian Information (List any other LEGAL guardian.)

Guardian Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Day Phone: _____ Other Phone: _____

Summer Emergency Contact Information (other than Parent/Legal Guardian)

Name	Relationship to child	Phone 1	Phone 2
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Emergency Messages

Primary Phone: _____

Secondary Phone: _____

Primary Email: _____

Secondary Email: _____

Does your child have any medical conditions we should be aware of? Please list them.

The Summer STEM Experience is a two-week program. Since space is limited, we are requesting you check off all the weeks your child is available to attend. You may note the order of preference. A letter will be sent out in June informing you of the week to which your child has been assigned.

- July 9 – July 12 and July 16 – 19 8:30 – 11:30 a.m.
- July 9 – July 12 and July 16 – 19 12:00 – 3:00 p.m.
- July 23 – July 26 and July 30 – August 2 8:30 – 11:30 a.m.
- July 23 – July 26 and July 30 – August 2 12:00 – 3:00 p.m.

Please enter all information and sign below.

Signature of Parent and/or Legal Guardian: _____ Date: _____

Please send this enrollment form and \$150.00 check payable to:

Rutherford Board of Education
176 Park Avenue
Rutherford, NJ 07070 (201) 438-7675 x1213
Deadline for registration: Wednesday, May 16, 2018

RUTHERFORD PUBLIC SCHOOLS

SUMMER



EXPERIENCE!

Lab Safety/Health:

It is the responsibility of the students to follow safe practices in the STEM (science, technology, engineering, and math) lab. The safety program includes instruction that actively involves the students in learning and choosing behaviors that promote the safe use of equipment. The implementation and promotion of safe practices in the lab are the responsibility of everyone. It is the students' responsibility to adhere to all safety rules and regulations within the classroom.

Tools and Machines Permission Slip

To Whom It May Concern:

Upon the signing of this form I am granting my son or daughter permission to participate in the Summer STEM Experience taught by Mr. Timothy Ajala at Rutherford High School during summer 2018. I understand that my son's or daughter's participation in the Summer STEM Experience may require their use of potentially dangerous tools and machines. I understand that my son or daughter will be able to use these machines only after they have achieved one hundred percent (100%) on a machines safety quiz and completed a supervised demonstration. By signing and returning this form, I am acknowledging all of the above, granting my permission for my son or daughter to participate in the Summer STEM Experience, and releasing Mr. Timothy Ajala and the Rutherford Public Schools from any and all liability related to my son's or daughter's participation in the Summer STEM Experience.

Parent Name (*please print*): _____

Parent Signature: _____

Student Name (*please print*): _____

Student Signature: _____

Date: _____

Release Form

As a parent/guardian of _____, I hereby grant permission for my child to be videotaped by Mr. Timothy Ajala to be used *(check all that apply)*:

_____ in a publication for the teacher's school website.

_____ on the school's website *(indicate below if child's name may be used)*.

_____ My child's name MAY be used with photograph online.

_____ My child's name may NOT be used with photograph online.

I understand that the photograph(s) or videotape of my child will only be used for the purpose stated above.

Name of parent/guardian

Signature of parent/guardian

Date