

SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH

STUDY BUDDY PROGRAM

FALL 2008

Monday, October 6 through Thursday, December 18

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 October 6 and the STUDY BUDDY sessions will be from Monday, October 13 through Thursday, December 18 (except for the weeks of October 20, 27 and November 10 and 24).

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

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

STUDY BUDDY SCHOOLS AND THEIR DIRECTORS:

CAPRI

941 Capri Road, Encinitas
Pam Davis, (760) 634-5513

LA COSTA HEIGHTS

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

OLIVENHAIN PIONEER

8000 Calle Acervo, Carlsbad
Theresa Langli, (760) 634-0229
Laurel Sakihara, (760) 634-4906

EL CAMINO CREEK

7885 Paseo Aliso, Carlsbad
Tami Alderton, (760) 634-8002

MISSION ESTANCIA

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

PARK DALE LANE

2050 Park Dale Lane, Encinitas
Maria Lucian, (760) 632-2251

FLORA VISTA

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

OCEAN KNOLL ELEMENTARY

910 Melba, Encinitas
Maribel Zamora, (760) 889-0847
Debbie Huddleston, (760) 942-0795

PAUL ECKE CENTRAL

185 Union Street, Encinitas
Tammy Nemish, (760) 930-1378
Sandie Good, (760) 436-4038

APPLICATION DEADLINE: FRIDAY, SEPTEMBER 26, 2008

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 - FALL 2008

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.

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|---|---|---|
| <p>' <u>Capri**</u>
Wednesday
3:30 - 4:30</p> | <p>' <u>La Costa Heights</u>
Monday
2:50 - 3:50</p> | <p>' <u>Olivenhain Pioneer</u>
Monday
2:45 - 3:45</p> |
| <p>' <u>El Camino Creek</u>
Wednesday
2:50 - 3:50</p> | <p>' <u>Mission Estancia</u>
Monday
2:45 - 3:45</p> | <p>' <u>Park Dale Lane**</u>
Monday
3:00 - 4:00</p> |
| <p>' <u>Flora Vista</u>
Wednesday
3:00 - 4:00</p> | <p>' <u>Ocean Knoll**</u>
Monday
3:00 - 4:00</p> | <p>' <u>Paul Ecke Central**</u>
Tuesday
3:00 - 4:00</p> |

' 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

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

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

HIGH SCHOOL _____ CLASS OF 09, 10, 11, 12 _____ 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 _____

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

- p** model an alcohol, tobacco and other drug free lifestyle
- p** exemplify a positive role model for children
- p** demonstrate respect for academic scholarship
- p** 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)

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