

Dear ACE Program students & parents,

We are very excited to be working with you in the ACE (Achievement Centered Education) program this year. All of our classes run 45 minute periods 6 days out of the 6 day cycle. In addition to the core academic courses your child will most likely be receiving Academic Support through our program as well. There will be a consistent grading policy for all ACE classes that includes the following:

- Class participation
- Notebook Checks
- Assessments
- Independent Practice
- Applied Practice

Our goal is for students to complete their academic work during the school day. This means, that there will be minimal homework, with the exception of independent reading. The teachers will be staying after school about 2 days a week to catch up on assignments and review content. Students will be expected to stay if they have not completed their assignments. When your child has been required to stay after school and has failed to do so then the teachers will contact you regarding next steps.

Attached you will find a supply list and contact information form. We look forward to a great year. If you have any questions please feel free to contact us (email is the best option).

Sincerely,

Shelley Fitzgerald (shelley_fitzgerald@bcsd.org) 242-5000 ext. 1025 (to leave a voicemail)

Erin Vanstrom-Sheldon (erin_vanstrom@bcsd.org) 242-5000 ext. 1091 (to leave a voicemail)

Karl Dobosz (karl_dobosz@bcsd.org) 242-5000 ext. 1019 (to leave a voicemail)

Rita Kladstrup (rita_kladstrup@bcsd.org) 242-5000 ext. 1046 (to leave a voicemail)

Timothy Mashewske (timothy_mashewske@bcsd.org) 242-5000 ext. 1053 (to leave a voicemail)



BRIGHTON HIGH SCHOOL

TEL 585/242-5000

1150 WINTON ROAD SO. ROCHESTER, NY 14618

FAX 585/242-7364

General Supply List

- Box of tissues
- Pencils
- Pens
- Hand Sanitizer

** Please note, additional supplies may be needed for individual classes. All information will be written in student planners as needed.



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Contact Information Form (please return to ACE teachers)

Parent/Guardian Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Preferred method of contact: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Preferred method of contact: _____