

St. Rose of Lima School

2016-2017 Curriculum Enrichment Programs

Mock Trial Permission and Registration Form

First Meeting/Parent Meeting: Thursday, September 22nd, 6:30-7pm - Students and Parents should attend

Regular Meetings: Thursdays, 10/6, 10/13, 10/20, 10/27, 11/3, 11/17, 12/1, 12/15, 12/22, 1/5, 1/12, 1/19, 1/26, 2/2, 2/9, 2/16, 2/23 (days may be added and deleted at discretion of instructor) **Competition Dates are TBD.**

Course Time: 6:30-pm to 7:45pm

Location: St. Rose School Library

Grade: 6-8

Fee per student: \$75

Course Description and Outline

Civics First Mock Trial State Competition: Attorneys coach upper grade students and prepare them to compete in a mock trial on a local and regional level. Attorneys will decide student placement for mock trial.

Upper grade students learn the basics of law, trial preparation and procedures from the perspective of the attorney, defendant, plaintiff, and witness in a live mock trial competition. Our teams have successfully won their rounds and advanced to the semi-finals in the last few years. To learn more about the program, please visit the website: www.civicsfirstct.org

Our first introductory Mock Trial meeting on Thursday, September 22nd from 6:30 to 7:00pm is for parents and students. The purpose of this meeting will be to provide the parents and students with a general overview of the St. Rose Mock trial Program for 2016 – 2017.

Instructors: Mr. Edward Walsh, Mr. Edward Brady

Advisor: Mrs. Jennifer Sandler

Contact information: sandler@stroseschool.com

Please return, in an envelope, this portion of registration form with payment to the attention of Mrs. Sandler at the first meeting on Thursday, September 22, 2016. Contact Mrs. Sandler with any questions at sandler@stroseschool.com.

Name of Enrichment Program: Mock Trial

Dates of Program: Thursdays, 10/6, 10/13, 10/20, 10/27, 11/3, 11/17, 12/1, 12/15, 12/22, 1/5, 1/12, 1/19, 1/26, 2/2, 2/9 (days may be added and deleted at discretion of instructor)

Name of Student: _____ Grade: _____

Parent Name: _____ email: _____

Home Telephone: _____ Cell phone: _____