

Jesuit Study Skills Workshop
Jesuit High School
July 13 – 16, 2009
All Students, Grades 5-8

Instructor: Cyril M. Lagvanec

Dr. Lagvanec holds a BA in History from Baylor University, a MA in British and European History from Tulane University and a PhD in American Military History from Texas A&M University. Dr. Lagvanec has just completed his fifth year of teaching at Jesuit High School. At Jesuit he has taught American History, Western Civilization, Comparative Government and American Military History. During this time he also has served as adjunct faculty for Tulane University's School of Continuing Studies, Loyola University and the Naval War College.

Workshop Description

Study Skills (9:00 a.m. – Noon)

This program investigates a student's individual learning style and introduces them to a diverse number of study skills. Students will complete a multiple intelligence inventory to determine his learning style. There will be instruction on different study tactics for each learning style. The class will include instruction on note taking skills, time- management, and general test- taking skills.

This morning class is split into two sessions with two short (10-minute) breaks. The first session is instruction, and the second session practical application.

Students should bring a notebook and pen or pencil. All other materials will be provided.

Program Fees

_____ Study Skills Class (9:00 a.m.– Noon): \$ 85.00

Students must be picked up within 15 minutes of the end of the session.

Jesuit Reading and Study Skills Registration Form

(Please print.)

Name _____ Age _____

Address _____ City _____

Home Phone Number _____ School _____

Grade _____

Checks Payable to: Jesuit High School **Mail Registration Forms to:** Dr. Cyril M. Lagvanec
Jesuit High School
4133 Banks Street
New Orleans, Louisiana 70119

Questions: (504) 887-2810/ lagvanec@jesuitnola.org

Emergency Data/ Medical Insurance Information

Camper's Name _____ Age _____

Medical Information: _____

Parents' Names _____

Home Address _____ City/ State/ Zip _____

Mom's Phone Numbers: (Home) _____ (Work) _____
(Cell) _____ (Email) _____

Dad's Phone Numbers: (Home) _____ (Work) _____
(Cell) _____ (Email) _____

Medical Insurance Coverage

Name (Blue Cross/ Blue Shield, etc.): _____

Company's Address _____

Policy Holder's Name _____

Policy/ Group Number _____

Family Physician _____

Address _____ Phone Number _____

Parental Consent

Should the family physician and we not be available, the workshop instructors are authorized to send our son to a physician or hospital of their choice.

Parent Signature: _____ Date: _____