



“CAMP 6” REGISTRATION FORM

Woodbury Middle School - 6th Grade Middle School Transition Program
Current 5th Graders Only

Student Information

Student's Legal Name: _____ Date of Birth: _____

Student's Current Elementary School: _____

Student's Assigned Middle School: Woodbury Middle School

Parent(s)/Guardian(s): _____

Home Phone Number(s): _____ Cell: _____

Work Phone Number(s): _____ Cell: _____

Home Address: _____

Parent Email Address: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____ Cell: _____

Allergies or Medical Conditions: _____

Is this student receiving special services? _____ yes _____ no

Will this student need specialized transportation to/from the program? _____ yes _____ no

Is there anything we should know about your child to help him/her gain the most from this orientation program? _____

(*Feel free to contact the Middle School's Guidance Office if you would like to speak to someone directly.)

Registration and Permission

I would like my child, _____

(Please print student's FIRST AND LAST name here)

to attend CAMP 6 on August 21st and 22nd from 8am-12pm. I am aware that the 6th Grade Parent Night (parents only) will be held on the evening of August 21st, 2018 from 5:30 pm to 7 pm.

Signature: _____ Date: _____

**Complete form and return it to Woodbury Middle School fax is 651-425-4567 or mail it to WMS
1425 school Drive Woodbury, MN 55125**