

"CAMP 6" REGISTRATION FORM

District 833 - 6th Grade Middle School Transition Program



Student Information

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

Student's Current Elementary School: _____

Student's Assigned 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 name here)

to attend CAMP 6 on August 21nd, 22rd and 23rd from 8am-12pm. **Woodbury Middle School Parent Night will be on Tuesday, August 29, 2017, 6-8 pm - instead of August 23rd.**

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO YOUR CURRENT ELEMENTARY SCHOOL'S FRONT OFFICE

****Elementary Office Coordinators please forward on to Woodbury Middle School****