

SUMMER SCHOOL ENRICHMENT CAMP and CCSS Algebra Course Summer 2015

For Incoming 6th-8th Grades & Incoming 9th grades for CCSS Algebra:

Middle School: __Muir__ Bancroft

Incoming Grade: _____ Perm ID#: _____ Date of Birth: ____/____/____

STUDENT NAME: _____
Last First M.I.

Please List Your Enrichment Camp Preferences:

Enrichment Camp Course: Robotics, Drama, Digital Literacy, Entrepreneurship,
Or CCSS Algebra Class (6/22-7/30)

Week Of Camp Preference: 6/22, 6/29, 7/6,
7/13, 7/20, 7/27

1. _____

2. _____

3. _____

SUMMER SCHOOL REGISTRATION CARD 2015

Middle School Enrichment Summer Camps & CCSS Algebra

STUDENT NAME: _____
Last First M.I.

ADDRESS: _____

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Home Phone: _____

Home Phone: _____

Cell/Work Phone: _____

Cell/Work Phone: _____

EMAIL _____

If the above parent/guardian cannot be reached, list persons to be notified in an emergency:

Name: Relationship Phone

Doctor: _____ Phone: _____

I understand that in order to remain in summer school I must attend class, be on time, behave appropriately and complete the required work. I understand that enrichment camps on certain weeks might not be offered and understand that I might be placed on a waiting list.

Student Signature Date Parent Signature Date