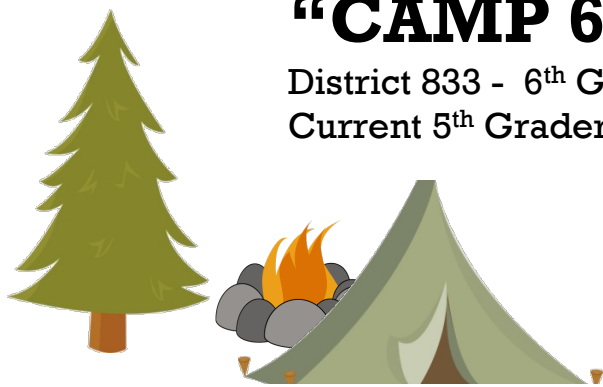


# "CAMP 6" REGISTRATION FORM

District 833 - 6<sup>th</sup> Grade Middle School Transition Program- **Oltman MS**  
Current 5<sup>th</sup> Graders Only



## 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 at 651-425-3509 if you would like to speak to someone directly.)*

## Registration and Permission

**\*\*\*Parents: COMPLETE, SIGN AND RETURN both sides of this form. \*\*\***

I would like my child \_\_\_\_\_

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

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO YOUR CURRENT ELEM. SCHOOL'S OFFICE BY FRIDAY, JUNE 1.**

*\*Elementary Office Coordinators please forward to Oltman Middle School.*