

"CAMP 6" REGISTRATION FORM

LAKE 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: _____

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 Lake Middle School's Front Office if you would like to speak to someone directly at 651-425-6400.*

Registration and Permission

I would like my child, _____
(Please print student's name here)

to attend CAMP 6 on August 20th and 21st from 8am-12pm at Lake Middle School. I am aware that the 6th Grade Parent Night will be held on the evening of Wednesday, August 21st, 2019 from 6pm-8pm.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO YOUR CURRENT ELEMENTARY SCHOOL (5th Grade Teacher and/or Front Office)
*****Elementary Office Coordinators please forward on to Lake Middle School*****