

Date received by office: _____

Summer School 2017 Sign-Up Middle School

Student Name: _____ Grade Completed: _____ School: _____

Parent/Guardian's Name: _____ Phone: Home/Work: _____ Cell: _____

Mailing Address: _____ School District of Residence: _____

***Alternate Contact Name and Phone: _____

Medical information: _____

Students are invited and encouraged to eat free breakfast and free lunch every day of Summer School. Will your student be eating breakfast and/or lunch here at school?
 Most every day Sometimes No

My student will need to ride the Lyndon bus: Yes No

My will be attending the following summer school sessions (Please mark all that apply)

- Session 1 (June 12 - June 30)
- Session 2 (July 10 - July 28)
- Becoming a STEAM-ist class: **one week only** June 19 - June 23
- Special Fun in the Maker Lab! class: **one week only** July 10- July 14

Parent Signature _____ Date: _____

Course Selections

(Register for classes for the grade student **completed** in 2016-2017.)

Directions: Indicate your choice for classes by writing the **number and name of the class** you want at the correct time and session. List an alternate, if available. (Example: #F01 Spanish is Fun!) Be sure to have a class for each hour that Summer School is in session.

Session 1: June 12-June 30	List First Choice Here	List Second Choice (if available)
8:00 am -10:00 am		
10:00 am - 12:00 am		
Session 2: July 10-July 28	List First Choice Here	List Second Choice (if available)
8:00 am - 10:00 am		
10:00 am - 12:00 pm		

*** Applications are due to the school office by March 10th***