

Middle School Boot Camp

Summer 2019

The Parkland School District is pleased to offer Middle School Boot Camp, a transition camp for Parkland students going to 6th grade or who are new to the district. The camp will provide engaging activities to make summer learning both fun and meaningful. The emphasis will be on preparing students to be successful at middle level education. Strategies, tips, information, and advice will be shared and practiced in the areas of study skills, organization, time management, and public speaking, among others.

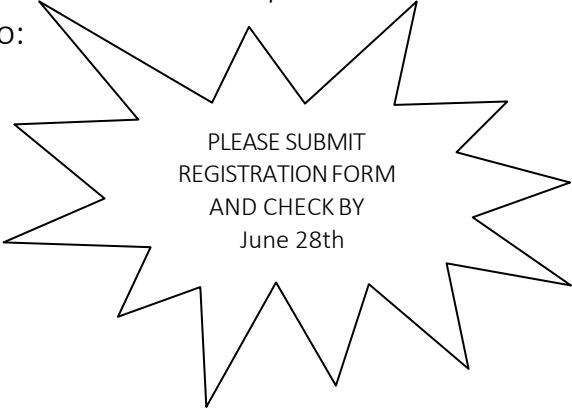
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| Date | August 19 to 23 (five days) |
| Time | 9:00 a.m. until 11:30 a.m. |
| Location | Springhouse Middle School AND Orefield Middle School |
| Transportation | Students must provide their own transportation to camp |
| Cost | Only \$75.00 |

This camp seeks to:

- offer a supportive environment in which students become acclimated to middle level education
- develop students' repertoire of study skills and learning methods
- instill acceptance for one's own learning in students and build confidence
- provide opportunities for reflecting on learning preferences and setting goals

Students will receive no grade or course credit for the camp. If you have questions or need more information about the camp, please call Dr. John Pfeiffer, at the Curriculum Office at (610) 351-5537. If you are interested in sending your child to this camp, please completely fill in the form below. Include a check for \$75.00 payable to "*Parkland School District*", and mail both to:

Parkland School District—
Troxell Building Attention:
Jessica L. Miller
2219 N. Cedar Crest Blvd.
Allentown, PA 18104



PLEASE SUBMIT
REGISTRATION FORM
AND CHECK BY
June 28th

Middle School Boot Camp - 2019 Registration

and

Personal/Health Data Form

August 19– August 23 (5 days)

PLEASE PRINT CLEARLY

REGISTRATION

STUDENT'S NAME: _____

GRADE COMPLETED (2018-2019 School Year): _____ SCHOOL: _____

PARENT'S EMAIL: _____

Please indicate which MS your child will be attending: Orefield MS ☐ Springhouse MS ☐

PLEASE NOTE: For **Parkland Students** enrolled in 5th grade in the 2018 – 2019 School Year

PLEASE FILL OUT THE MEDICAL PORTION AND MAIL ALONG WITH REGISTRATION AND CHECK. *Please make a check in the amount of \$75* payable to the “Parkland School District” and mail to:

Parkland School District, Attn Jessica L. Miller, 2219 N. Cedar Crest Blvd, Allentown, PA 18104

MEDICAL/HEALTH

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

CELL NUMBER: _____ NUMBER DURING CAMP: _____

LIST ANY SPECIFIC MEDICAL CONDITIONS YOUR CHILD MAY HAVE: _____

LIST ANY FOOD AND/OR MEDICAL ALLERGIES YOUR CHILD HAS: _____

IN THE EVENT OF ILLNESS OR AN EMERGENCY, PLEASE LIST THE PERSON YOU WOULD LIKE CONTACTED FIRST AND THEN AN ALTERNATIVE CONTACT PERSON. Please be sure to **PRINT** their full name and telephone number.

EMERGENCY CONTACT: 1. _____

Name

Phone Number

2. _____

Name

Phone Number

Parent/Guardian Signature: _____ DATE: _____