

Middle Township Middle School

6th Grade Summer Experience and Academic Program Application

Student's Name: _____

Address: _____

Parent Name: _____

Home Phone Number: _____

Cell Phone Number: _____

5th Grade Teacher: _____

Bus Transportation:

_____ Please **provide** bus transportation for my child.

_____ My child **will not** need bus transportation

Every attempt is made to place your child in the week they prefer, but please rank the weeks in the order of your preference with **1** being your first choice, **2** your second choice and **3** being your last choice.

6th Grade Summer Experience (1 Week)

Rank your Preference (1-3)

Week 1: Monday, July 8-Thursday, July 11

Week 2: Monday, July 15-Thursday, July 18

Week 3: Monday, July 22-Thursday, July 25

Academic Program (2 Week Academic Based)

Check Below

Session: Weeks of Monday, July 8-Thursday, July 25

*If you are signing up for the academic session and would like to participate in the 6th grade experience, you will automatically be assigned to the third week of 6th grade experience.

Parent/Guardian Signature

Date