

'Lock' in a smooth transition to middle school by attending....

My Middle School

6th Grade Transition Program

The "My Middle School" program is designed to help your child have a jump-start to a fantastic first year as an SMS Spartan! Program participants will:

- Learn what Sycamore Middle School has to offer
- Meet some new classmates before the school year begins
- Navigate their way around SMS
- Practice opening a combination lock
- Hear guest speakers give an inside look into SMS, its clubs, sports, and activities!

Choose *one* of these two sessions:

Session 1: July 23, July 24, July 25, July 26

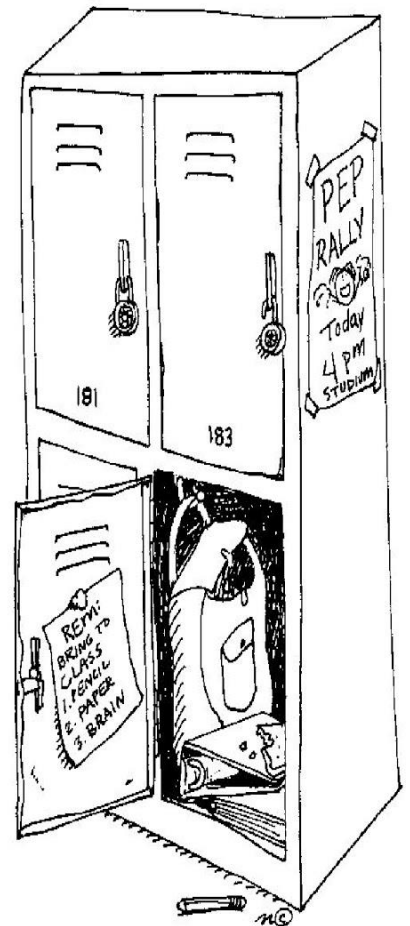
Session 2: July 30, July 31, August 1, August 2

Time: 9:00AM-Noon, each day

Cost: \$80.00 per session

All registration forms and payments are due by July 17.

For more information, call Thomas Franks, SMS Assistant Principal, at 815.899.8170.



“My Middle School”: 6th Grade Transition and Orientation Registration Form

Child Information

Child's Name _____ Date of Birth: _____

School Attended in 2017-2018: _____

Parent/Guardian Information

Parent/Guardian Name _____ Relationship _____

Address _____ City _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Place of employment _____ Work Phone (_____) _____

Parent/Guardian e-mail address _____

Emergency information

If unable to contact Parent/Guardian in case of emergency or illness, whom shall we call and to whom may we release your child?

1. _____ Home Phone (_____) _____
(Local emergency contact person - Cell Phone (_____) _____
other than parent) Work Phone (_____) _____

2. _____ Home Phone (_____) _____
(Local emergency contact person - Cell Phone (_____) _____
other than parent) Work Phone (_____) _____

Session Information

Please check the session you would like your child to attend. Both sessions are from 9:00AM-Noon daily, Monday-Thursday. A confirmation will be sent home closer to your session date.

_____ Session 1: July 23-July 26

_____ Session 2: July 30-August 2

Medical Information

Does your child have allergies or a medical condition that we should be aware of? If yes, please explain. (Please note: a light snack is provided each day of the program. Please be sure to list all food allergies, if applicable.)

Transportation Information

Please select how your child will get to and from the “My Middle School” sessions:

_____ My child will walk home after “My Middle School” program sessions.

_____ My child will be dropped-off and picked-up from Sycamore Middle School.

Fees and Form Submission Information

Qty	Description	Fee	Total
	Session One: July 23-July 26	\$80.00	
	Session Two: July 30-August 2	\$80.00	
		Total Enclosed:	

Please make checks payable to: Sycamore Middle School

Credit Payments can be made only at the district office, 245 West Exchange St. (Fees cannot be collected on the webstore at this time.)

Registration Forms and Payments may be mailed or dropped off to:

“My Middle School”
Attn: Thomas Franks
Sycamore Middle School
150 Maplewood Drive
Sycamore, IL 60178

For assistance or further information, please contact Thomas Franks, Sycamore Middle School Assistant Principal, at 815.899.8170 or tfranks@syc427.org

All registration forms and payments are due by July 17.

“Empowering All Learners to Succeed in Their World”