

**Going to Herndon Middle School this September?
Free program especially designed for new 7th graders!**

Get a jumpstart on this new experience! Find out what middle school is all about!



Jumpstart Camp

at

Herndon Middle School

August 3-7

August 10-14

August 17-21

One week sessions

7:30 a.m. to 11:30 a.m.

Do You Want to Help Your Child Enjoy Middle School?

Does Your Child Need to Build Confidence?

Give Your Child a Head Start on Time Management and Study Skills!

All of these are critical for Middle School Success!

Limited Space!

Register in the Main Office of your Elementary School.

**For more information, contact Mr. Mike Thomas 703-904-4819
or Jeannine Cotner at 703-904-4817.**

HERNDON MIDDLE SCHOOL Jumpstart REGISTRATION FORM Due to School Office by June 20

Student Name (First, Middle Initial, Last)		FCPS ID #		Grade 6
Street Address		City	State	Zip
Date of Birth		Gender	Home Language	
Parent/Guardian Name		Home Phone		
Address		Work/Cell Phone		
Emergency Contact Name	Home Phone		Work/Cell Phone	
Ethnic Group (check one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> White		Fairfax County Resident <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Elementary School Counselor _____ Please prioritize your preference for sessions. Number from 1 – 3 with 1 being your first choice. ___ Session 1 August 3 - 7 ___ Session 2 August 10-14 ___ Session 3 August 17-21
FCPS school attending <u>this</u> year (Sixth Grade)		FCPS school attending <u>next</u> year Herndon Middle		
<input type="checkbox"/> I affirm that the above registered student has not been expelled from school attendance at any private or public school in Virginia or any other state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.				
<input type="checkbox"/> I affirm that the above registered student has been expelled from school attendance at any private or public school in Virginia or any other state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.				
_____ Parent/Guardian Signature		_____ Date		
_____ School Signature		_____ Date		