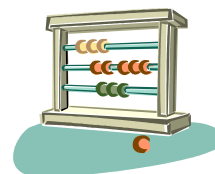


Transition School-Summer School
 2009
 Located at Joplin School
 2104 Indiana, Joplin, MO
 June 4th -July 1st, 2009
 8:00am-12:00pm



Student Name: _____

Current Grade: 8th

Sending School (please circle) MMS SMS NMS Other: _____

Parent/Guardian Name(s): _____

Address: _____

City/State: _____

Home phone #: _____

Work phone #: _____

Cell phone #: _____

Emergency Contact & phone #:

Does your child take any medications or have any medical needs? Please explain.

Bus Transportation will NOT be provide. Please make transportation arrangement prior to the first day of summer school.

Please circle any of the following that apply to this student:

E.S.L IEP 504 Plan Special Health Plan

Behavior Plan (please attach information)

Medical Emergency Plan (please attach information)

Parents/Guardians:

Please return this form to the student's home school office by **May 1, 2009**. You will receive a letter closer to the first day of summer school with class and school supply information. **Breakfast** and **lunch** will be provided. Please remember that all Joplin School Board Policies will apply to all summer school programs. We plan to have an enriching summer school experience and hope all of our students will have an opportunity to attend.
 Thank you.