

Student Name _____ **Elementary Attended** _____

I am enrolling my student in the 6th Grade Academy at McKinley Middle School. **I understand no fees will be charged and that transportation to and from McKinley will not be provided by the school district.**

My child will attend (choose one session)

- Session 1: Wednesday, August 1st, 8:00 a.m. – 11:00 am
- Session 2: Wednesday, August 1st, 12:00 p.m. – 3:00 p.m.
- Session 3: Thursday, August 2nd, 8:00 a.m. – 11:00 a.m.
- Session 4: Thursday, August 2nd, 12:00 p.m. – 3:00 p.m.

PARENT/GUARDIAN INFORMATION

Parent or Guardian _____ Day Phone _____
Street Address _____
E-mail Address _____

EMERGENCY CONTACT (we will contact parent/guardian first)

Name _____ Phone _____

**IN CASE OF EARLY DISMISSAL DUE TO EMERGENCY, IF NO ONE IS AT HOME,
WHERE IS THE STUDENT EXPECTED TO GO?**

Name _____ Address _____ Phone _____

Emergency Medical/Health Information

Family Physician _____ Phone _____
Family Dentist _____ Phone _____
Hospital Preference _____ Phone _____

Please note any health conditions (including food allergies) or medications we will need to be aware of. This information will be shared only with 6th Grade Academy staff who may need to provide appropriate services to your student.

Does your student have an IEP? Yes No

If yes, what are their goal areas? _____

6th Gr. Academy Permissions

I give permission for my child to be included in any media coverage that is related to 6th Gr. Academy activities (including district/school websites)..... Yes No

I give permission and accept responsibility for my child's independent use of Internet through the school in accordance with terms, conditions, and guidelines as provided in Procedure 604.9a of the Cedar Rapids Community School District..... Yes No

Signature of Parent/Guardian _____ Date _____

THIS INFORMATION WILL ONLY BE SHARED WITH SCHOOL STAFF WHO NEED TO KNOW