

3RD GRADE BOOT CAMP CHALLENGE



DATES/TIME:

*Meet the teacher/supply collection: August 9th

9am-2pm: August 10 & 11

MISSION:

To prepare incoming students for HSE's learning styles & expectations.

*Students will spend time with all 4 third grade teachers. Each teacher will focus on a specific topic and will be evaluating students based on academic performance/effort and behavior. Students will not only be learning HSE's rigorous style but they will also learn each teacher's expectations. This information will be used for student placement among the 4 different sections and will help new students make friends before starting school.

TENTATIVE SCHEDULE 1:

9-9:30	Drop Off/Check in
9:30-11:00	Rotation 1 of 4 (ELA 1)
11:00-11:30	Lunch
11:30-12:15	Recess
12:15-1:45	Rotation 2 of 4 (ELA 2)
1:45-2:00	Pick Up

*Students will arrive in school uniform and will need: a sack lunch if they do not wish to eat the provided cheese pizza and juice, a box of crayons, 4 pencils and a book(s) to read.

TENTATIVE SCHEDULE 2:

9-9:30	Drop Off/Check in
9:30-11:00	Rotation 3 of 4 (Math 1)
11:00-11:30	Lunch
11:30-12:15	Recess
12:15-1:45	Rotation 4 of 4 (Math 2)
1:45-2:00	Pick Up

*Students will arrive in school uniform and will need: a sack lunch if they do not wish to eat the provided cheese pizza and juice, a box of crayons, 4 pencils and a book(s) to read.

**HSE Incoming Third Grade Boot Camp – 2017
REGISTRATION & PERSONAL/HEALTH DATA FORM**

August 10th – August 11th (2days)

PLEASE PRINT CLEARLY

***PLEASE NOTE: Only for students who are NEW TO THE HARMONY SYSTEM**

REGISTRATION:

STUDENT'S NAME: _____

GRADE COMPLETED (2016-2017 School Year): _____ **SCHOOL:** _____

STUDENTS END OF YEAR READING LEVEL AS OF MAY 2017: _____

PARENT'S EMAIL:

PLEASE LIST ANY/ALL BEHAVIORAL AND ACADEMIC CONCERNS REGARDING YOUR CHILD:
(please be as accurate as possible to help with successful student placement based on needs)

MEDICAL HEALTH:

Parents/Guardians Name: _____

Address: _____

Cell Number: _____ **Number During Camp:** _____

List any specific medical conditions your child may have:

List any food or medical allergies your child may have:

IN THE EVENT OF ILLNESS OR AN EMERGENCY, PLEASE LIST THE PERSON YOU WOULD LIKE CONTACTED FIRST AND THEN AN ALTERNATIVE CONTACT PERSON. Please be sure to **PRINT** their full name and telephone number.
EMERGENCY CONTACT:

1. _____
Name Phone Number

2. _____
Name Phone Number

x _____
Parent/Guardian signature

DATE