

WELCOME 2019-2020 Incoming Freshmen TO JICHS!

IT'S SHOWTIME!!!



Join us

UNDER THE BIG TOP

for a transitional experience of a lifetime!!

Each camp will cover:

- Tours of the Building/Scavenger Hunts
- Proper Study Skills
- Note-Taking Skills
- Rules/Expectations of JICHS
- Proper Social Media Use
- Goal Setting
- Time Management Skills
- Security Drills
- Organizational Skills
- And PRIZES GALORE!!!



**Application on
NEXT PAGE!**

Choose ONE of the following camp sessions:

Session #1: July 11th– July 12th – 8:00AM – 3:00PM both days
(Applications due by 3pm on June 21st)

Session #2: July 15th – July 16th - 8:00AM – 3:00PM both days
(Applications due by 3pm on June 21st)

Session #3: July 25th – July 26th - 8:00AM – 3:00PM both days
(Applications due by 3pm on July 8th)

If demand exceeds capacity, late applications may be placed on a waitlist.

This camp is **FREE** to enrolled 9TH graders -
LUNCH WILL BE PROVIDED!!

Students with food allergies are asked to pack a lunch each day.

Complete and return the application to JICHS to ensure a space in the program for your child.

**Students must be enrolled at JICHS for the 2019-2020 school year in order to participate.
Enrollment questions? Please contact the JICHS attendance office.
Original documentation is required for enrollment.**

PLEASE PRINT LEGIBLY

Name of student: _____ D.O.B. _____
Street address: _____
City: _____ Zip Code: _____ Gender (circle one): M / F
Parent's Name: _____
Parent's Phone (home): _____ (work): _____ (cell): _____
E-mail Address: _____
Medical Conditions: _____
Allergies: _____ Preferred Doctor: _____
Doctor's Phone: _____ Current Middle School: _____

Student T-shirt size (adult sizes): XS S M L XL 2XL 3XL

****JICHS will NOT be providing bus services for the summer transition camps.****

Is your child enrolled in a special education class? _____ YES _____ NO
If YES, please specify the class _____
Do they require a SPED Bus? _____

Does your child have a current 504 plan? _____ YES _____ NO

*All medications must be checked in with the program coordinator.

PLEASE SIGN ME UP FOR:

_____ Session #1 July 11th-12th **OR** _____ Session #2 July 15th-16th
_____ Session #3 July 25th-26th

STUDENTS WILL BE NOTIFIED VIA MAIL AT LEAST ONE WEEK BEFORE REGISTERED CAMP. Packet mailed will contain information needed for first day of camp and important documents to complete.

Contact: Carrie Holland, 9th Grade Assistant Principal
carrie_holland@charleston.k12.sc.us

Phone 843-762-5212
Fax 843-762-5228

I understand the rules and requirements of Trojan Transition Summer Camp and agree to abide by them. I understand that if I do not comply, I will lose the privilege of participating in the remainder of the session.

Student Signature

Parent Signature

RETURN THIS PAGE TO MRS. HOLLAND.