

# "SUMMER TRANSITION CAMP - 2019"

9:00AM-12:00PM

AUGUST 6, 7 & 8

CAFETERIA-C/D

This program is designed to assist incoming freshmen in making a smoother, more successful transition from middle school to high school. The program will be facilitated by high school staff members.

The program will include the following activities designed to help freshmen learn:

- ✓ To navigate throughout the high school complex
- ✓ To locate classrooms and read their schedule
- ✓ Organization and time management critical to success in the high school
- ✓ and much more.....

**NOTE:** Transportation will be provided to **all** registrants (*if desired*). Neighborhood busing will be coordinated through the WTPS Transportation Department (more to follow.....)

**REGISTRATION DEADLINE: Wednesday - JULY 24, 2019**

**FEE: \$60.00**

\*\*\*\*\* Enrollment is limited to a first come, first serve basis \*\*\*\*\*

**Checks are made payable to: WTHS Fund Freshmen Orientation**

Please mail check and registration form to: Mr. Stephen Selby, 9-10 Executive Assistant Principal  
Washington Township High School  
509 Hurffville-Crosskeys Road  
Sewell, NJ 08080

----- (cut along dotted line & submit bottom portion with payment) -----

## SUMMER TRANSITION CAMP - 2019: REGISTRATION FORM

Name of Student (Last): \_\_\_\_\_ (First): \_\_\_\_\_  
(Please Print) (Please Print)

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

(City): \_\_\_\_\_

(Zip Code): \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Current Middle School (Please Circle): **BHMS** **CRMS** **OVMS**

Other (Please Provide Name): \_\_\_\_\_

(City): \_\_\_\_\_ (State): \_\_\_\_\_ (District): \_\_\_\_\_

If your child requires any special accommodations or has medical needs, please describe below:

\_\_\_\_\_

.....  
(For Office Use)

Last Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Check #: \_\_\_\_\_

Date Received: \_\_\_/\_\_\_/2019

Revised: 3/7/19