

GATEWAY 2018

Every fifth-grade student in the Accomack County Public Schools is invited to attend the Gateway Academy, which is designed to get students acquainted with the middle-school concept, ensuring their success in the sixth grade.

The Academy will be held at Arcadia, Chincoteague, and Nandua Middle Schools from 8:30 to 1230 p.m. on the following dates:

- July 30- August 2 (4 total days)

Please complete the attached registration form and return it to your child's teacher by Friday, May 18, 2018. Or, you may mail the registration form to:

Gateway Academy
Attn: Karen Taylor, Director of Secondary Schools
Accomack County Public Schools
PO Box 330
Accomac, VA 23301

No student will be accepted without the accompanying registration form. We need the information to plan for buses, lunches, and other logistics.

We are very excited about this program and think your child will be, too. Thank you for your continued support of the programs offered by the Accomack County Public Schools.

<p>This program lasts for 4 days, and all students are invited to attend. You simply need to return the completed registration form (on the reverse side of this paper) indicating that your child will be there so we can plan accordingly.</p>
--

ACCOMACK COUNTY PUBLIC SCHOOLS

GATEWAY 2018 REGISTRATION FORM

Fill out and return this form, signed by a parent or guardian, and return it to your classroom teacher by **Friday, May 18, 2018**. The classroom teacher will submit your registration form to the principal.

Student Name: _____ School: ☐ AMS ☐ CMS ☐ NMS

Parent Name: _____

Home Phone: _____

Cell phone: _____

Work phone: _____

Please check if bus service is needed.

- ☐ Bus service will be needed. Bus service is provided to pick up and delivery students to the summers program by 8:15 a.m. each day.
- ☐ Bus service will NOT be needed. Parents must assume the responsibility for transportation.

Mailing address: _____ **Town:** _____

911 physical address: _____ **Town:** _____

Emergency contact name: _____

Emergency contact phone: _____

Teacher this year: _____ School: ☐ AES ☐ CES ☐ KES ☐ MES ☐ PES

By signing below, I am indicating that all of the above information is correct.

Parent/guardian name: _____

Parent/guardian signature: _____ **Date:** _____