

Middle School Boot Camp Summer 2025

The Parkland School District is pleased to offer **Middle School Boot Camp**, a transition camp for select Parkland students going to 6th grade or who are new to the district. The camp will provide engaging activities to make summer learning both fun and meaningful. The emphasis will be on preparing students to be successful at middle level education. Strategies, tips, information, and advice will be shared and practiced in the areas of study skills, organization, time management, and public speaking, among others.

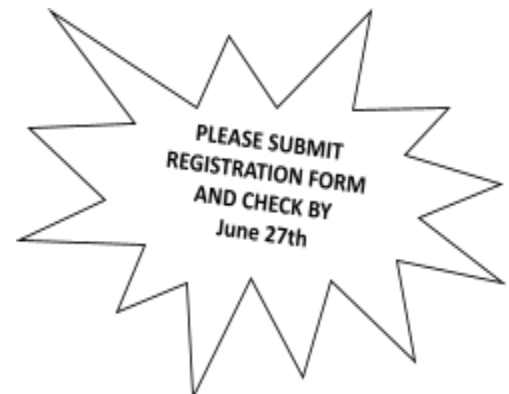
Date	August 11 to 15 (five days)
Time	9:00 a.m. until 11:30 a.m.
Location	Springhouse Middle School AND Orefield Middle School
Transportation	Students must provide their own transportation to camp
Cost	Only \$90.00

This camp seeks to:

- offer a supportive environment in which students become acclimated to middle level education
- develop students' repertoire of study skills and learning methods
- instill acceptance for one's own learning in students and build confidence
- provide opportunities for reflecting on learning preferences and setting goals

Students will receive no grade or course credit for the camp. If you have questions or need more information about the camp, please call Mr. Jim Moniz, at the Office of Teaching and Learning at (610) 351-5540. If you are interested in sending your child to this camp, please completely fill in the form below. Include a check for \$90.00 payable to "***Parkland School District***", and mail both to:

**Parkland School District—Troxell Building
Attention: Jessica Miller
2219 N. Cedar Crest Blvd.
Allentown, PA 18104**



Middle School Boot Camp - 2025 Registration
and
Summer Camp PERSONAL/HEALTH DATA FORM

August 11- August 15 (5 days)

Please Print Clearly

REGISTRATION

STUDENT'S NAME: _____

GRADE COMPLETED (2024-2025 School Year): _____ **SCHOOL:** _____

PARENT'S EMAIL: _____

Please indicate which MS your child will be attending: ☐ Orefield MS ☐ Springhouse MS

PLEASE NOTE: For **Parkland Students** who were enrolled in 5th grade for the 2024 – 2025 School Year or new to the District.

PLEASE FILL OUT THE MEDICAL PORTION AND MAIL ALONG WITH REGISTRATION AND CHECK.

Please make a check in the amount of \$90 payable to the "Parkland School District" and mail to: Parkland School District, Attn: Jessica L. Miller, 2219 N. Cedar Crest Blvd, Allentown, PA 18104.

MEDICAL/HEALTH

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

CELL NUMBER: _____ **NUMBER DURING CAMP:** _____

LIST ANY SPECIFIC MEDICAL CONDITIONS YOUR CHILD MAY HAVE: _____

LIST ANY FOOD AND/OR MEDICAL ALLERGIES YOUR CHILD HAS: _____

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

Parent/Guardian Signature: _____ **DATE:** _____