



Hattiesburg Public Schools

301 Mamie Street
Hattiesburg, MS 39401
Phone: 601-582-5078
Fax: 601-583-7339

2026 Summer School Application

Enrichment/Intervention Program Addressing Learning Loss

*(Please complete and return to your child's designated school by **Friday, May 1, 2026**)*

Student's Last Name: _____ Student ID#: _____

Student's First Name: _____ Grade: _____

Home Address: _____

Bus Drop Off Address: _____

City: _____ Zip Code: _____

Phone: _____ Email Address: _____

Does your child need transportation? Circle: YES or NO

Elementary only: Does your child need extended care? (5:00 pm dismissal) Circle: YES or NO

Note: Extended care will be provided based on need per location. Transportation will be the responsibility of parents for extended care pick-up.

2026 SUMMER Student Contract

Enrichment/Intervention Program Addressing Learning Loss

Expectations

- All school rules and policies apply during the Summer Enrichment /Intervention Program.
- Students are encouraged to attend the Summer Enrichment/Intervention Program daily.
- Students must be on time for the start of each program period.
- Students must be in their assigned area during program hours and may not leave campus at any time without a parent/guardian dismissal.
- Unacceptable behavior and failure to follow program rules (including on the school bus) may result in disciplinary action and possible dismissal from the program.



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Parent/Guardian Permission

I hereby give permission for my son/daughter: _____ to
(please print name)

participate in the HPS **Summer Program**. I understand this FREE program will be held Monday through Thursday beginning June 1, 2026 and concluding June 25, 2026, and my student is expected to participate daily. Bus transportation will be provided to and from the program.

By signing this form, I agree to support and encourage my son/daughter's regular attendance to all programs in which he/she is enrolled. I also agree to comply with the rules above and understand that my child may be dismissed from the program at any time, should they fail to follow the school rules.

Parent Name: _____

Parent Signature: _____ Date: _____

Emergency Contact: _____ Phone Number: _____