



VICKSBURG MIDDLE SCHOOL Summer School 2010

Commitment Form

Print student 's
name _____

Home address: _____
(Street, City, Zip Code)

Will you need transportation? Yes No

Emergency Release

Parent 's/Guardians

names: _____

Home address: _____

Home phone _____ Work Phone _____

Emergency phone _____ Name _____

Allergies? Medication? Other?

Agreement of Enrollment

School Personnel agrees to provide a caring learning environment with immediate communication with families.

The student agrees to **attend daily, apply maximum effort ,behave respectfully and follow the included VMS Summer School guideline.**

Signed _____

Parents agree to support VMS Summer School, and to communicate and work with the school personnel toward student success. Parents have discussed the VMS Summer School guide-