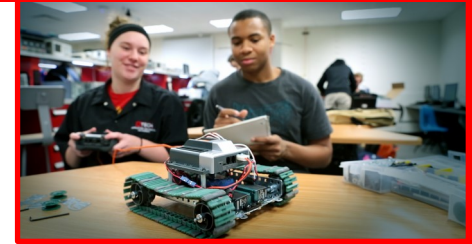


A TECH

APPLETON TECHNICAL
ACADEMY

FREE T-SHIRT FOR ALL STUDENTS.
\$10 fee
financial assistance available



Who:

Open to students entering 7th, 8th or 9th grade in the 2018 school year. ***Limited to the first 25 enrolled***

When:

Monday -Friday
August 5th - 9th
8:00-11:00 M-Th
8:00 -12:00 Friday

Where

Appleton West High School
Manufacturing Lab Room 178

Manufacturing Exploration Camp

What

This camp will involve hands on activities which will expose students to various manufacturing processes such as: welding, fabrication, electronics, drafting etc.. The end of the week students will have projects that they have manufactured to take home.

Final Day Activity

Students will spend the day touring local manufactures to see various careers in manufacturing. Parents are encouraged to come along. Lunch will be provided when tours are over.



2019 Atech CAMP REGISTRATION FORM
FOX VALLEY SUMMER SCHOOL CONSORTIUM

Student Name _____ Gender: M / F Date Of Birth _____

Address _____ Apt # _____ City _____ Zip _____

Home Phone # _____ Grade next Fall _____

Is student currently attending an AASD school?

_____ Yes, my child is currently attending _____ school (name of elementary school).

_____ No, my child attends school in the _____ school district (name of school district child is currently attending).

Does this student have an IEP, Building Intervention Plan, or 504 Plan? _____ Yes _____ No (If yes, please explain): _____

According to WI Dept of Public Instruction, summer school classes are not tailored to implement a student's IEP.

All Appleton School District policies for the regular academic school year regarding dress, behavior and school safety are in effect during Summer School. If you would like a copy of these policies, please contact the Summer School office.

EMERGENCY INFORMATION

Parent/Guardian Name _____ Phone # _____

Work # _____ Cell # _____ E-mail Address _____

Parent/Guardian Name _____ Phone # _____

Work # _____ Cell # _____ E-mail Address _____

If parent/guardian cannot be reached by phone, please contact:

Name _____ Relationship _____

Phone Number(s) _____

Special Health Concerns/Medical Diagnoses: _____

Will your child have medications at summer school? Yes _____ No _____