



Wissahickon High School

521 Houston Road, Ambler, Pennsylvania 19002-3599

Phone: (215) 619-8112 Fax: (215) 619-8113

www.wsdweb.org

The WHS Camp for Success Registration Form (Incoming 9th Graders)

The Pre-Teaching courses are designed to address gaps in knowledge that students may have in a given content area or help students get a head start on a particular course. Courses will focus on the necessary skills that will assist students to be successful in the 2023-2024 school year. The goal of this course is to prepare students for their future courses before the school year begins.

The Re-Teaching course is designed to address gaps in knowledge that students may have in the area of Algebra. The Re-Teaching course is designed to review material in a course that students **have already taken and passed**. The goal of this course is to review important concepts and skills that students will need in order to be successful in the 2023-2024 school year.

These courses are free of charge to eligible Wissahickon High School students and incoming 9th grade students. All of these courses will be held at Wissahickon High School. Registration forms must be completed and returned via email to Mrs. Lisa Kelly, WHS assistant principal via email (LKelly@wsdweb.org) by **April 14, 2023**.

Pre-Teaching (select only one)

- Mathematics
Specific class _____
- Language Arts
- Science
Specific class _____
- Social Studies
- Executive Functioning

Meeting dates:

1. Thursday, July 6th 9:00am – 12:00pm
2. Tuesday, July 11th 9:00am – 12:00pm
3. Thursday, July 13th 9:00am – 12:00pm
4. Tuesday, July 18th 9:00am – 12:00pm
5. Thursday, July 20th 9:00am – 12:00pm
6. Tuesday, July 25th 9:00am – 12:00pm

Re-Teaching (select only one)

- Algebra

Meeting dates:

1. Wednesday, July 5th 9:00am – 12:00pm
2. Monday, July 10th 9:00am – 12:00pm
3. Wednesday, July 12th 9:00am – 12:00pm
4. Monday, July 17th 9:00am – 12:00pm
5. Wednesday, July 24th 9:00am – 12:00pm

Registration Information

Student's Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Grade: (2022-23) _____

Student's School Email: _____

Student's School Counselor: _____

Emergency Contact Information

Please print clearly.

Name of Parent/Guardian: _____

Home Phone: _____

Dad/guardian cell: _____ Email: _____

Mom/guardian cell: _____ Email: _____

Person to be contacted if parent/guardian not available:

Name/relationship: _____ Phone # _____

Doctor name and phone number _____

Dentist name and phone number _____

Insurance information _____ (#) _____

Please list any medical or health concerns: _____

(Remember: Medication(s) may not be carried in school. Please contact the Summer School office if medication is absolutely necessary.)

I hereby grant permission for my child to be transported to the nearest doctor/hospital in the event of a serious injury or accident. I give my permission for the Summer School Director, or his designee, to dispense medication if necessary.

Parent/guardian signature _____ Date _____