

Coleman Middle School

Summer STEAM Registration

This will give my son/daughter _____
permission to participate in: *(Student Name)* *(Student Number)*

Activity: **Coleman Summer STEAM Camp for rising 6th graders**

Date & Time: **June 3-6, 2019 8:30 AM –11:30 AM**

Teachers in Charge: **Sheila Harmony/STEAM Coordinator, Kelley Donovan/Humanities Lead, Kathy Schmidt/Media Specialist**

Parent Name (First, Last):

Parent Cell Phone:

Parent Email:

Payment (Due by May 24, 2019):

\$100 per student

_____ Permissive Transfer Students: check and check # (made out to Coleman Middle School)

_____ Chattahoochee ES Students My Payments Plus