



# JAMES ISLAND CHARTER HIGH SCHOOL TROJAN TRANSITION SUMMER CAMP

## 2018-2019 Incoming Freshmen

Each camp will include activities in:

- **W**ritten Expression
- **E**xpanded Science
- **M**ath Enrichment
- **A**wareness of Rules and Campus
- **T**echnology Activities
- **T**eam Building Activities
- **E**ducational Speakers
- **R**hythmic Music



Questions: Contact Carrie Holland  
9<sup>th</sup> Grade Assistant Principal  
carrie\_holland@charleston.k12.sc.us  
843-762-5212

Choose **ONE** of the following camp sessions:

**Session #1: June 11<sup>th</sup> – June 14<sup>th</sup>** (Applications due by May 29<sup>th</sup>)  
8:00AM – 1:30PM, Monday – Thursday

**Session #2: July 9<sup>th</sup> – July 12<sup>th</sup>** (Applications due by June 25<sup>th</sup>)  
8:00AM – 1:30PM, Monday – Thursday

**If demand exceeds capacity, late applications may be placed on a waitlist.**

This camp is **FREE** to enrolled 9<sup>TH</sup> graders.

**LUNCH WILL BE PROVIDED!!**

Students with food allergies are asked to pack a lunch each day.

Complete and return the application to JICHS to ensure a space in the program for your child.

**Students must be enrolled at JICHS for the 2018-2019 school year in order to participate.  
Enrollment questions? Please contact the JICHS attendance office.  
Original documentation is required for enrollment.**

**PLEASE PRINT LEGIBLY**

Name of student: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Gender (circle one): M / F  
Parent's Name: \_\_\_\_\_  
Parent's Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Preferred Doctor: \_\_\_\_\_  
Doctor's Phone: \_\_\_\_\_ Current Middle School: \_\_\_\_\_

Student T-shirt size (adult sizes): XS S M L XL 2XL 3XL

**Would you like to ride the bus to and from Summer Camp?  
(Only for James Island and Folly Beach residents) \_\_\_\_\_ YES \_\_\_\_\_ NO**

Is your child enrolled in a special education class? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please specify the class \_\_\_\_\_

Do they require a SPED Bus? \_\_\_\_\_

Does your child have a current 504 plan? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*All medications must be checked in with the program coordinator.

\_\_\_\_\_ Please sign me up  
for session #1  
June 11 – June 14

**OR**

\_\_\_\_\_ Please sign me up  
for session #2  
July 9 – July 12

STUDENTS WILL BE NOTIFIED VIA MAIL AT LEAST ONE WEEK BEFORE REGISTERED CAMP.  
Packet mailed will contain information needed for first day of camp and important documents  
to complete.

**Contact: Carrie Holland, 9<sup>th</sup> Grade Assistant Principal  
carrie\_holland@charleston.k12.sc.us**

**Phone 843-762-5212  
Fax 843-762-5228**

I understand the rules and requirements of Trojan Transition Summer Camp and  
agree to abide by them. I understand that if I do not comply, I will lose the  
privilege of participating in the remainder of the session.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

**RETURN THIS PAGE TO MRS. HOLLAND.**