

EARLY START

August 6th -17th

8am-12pm

Student Name: -----

Birthday: -----

Middle School Attended: -----

Allergies/Health Concerns:

Does your son/daughter have any specific concerns about starting high school?

What hobbies/sports/extracurricular does your son/daughter enjoy?

Which academic subjects does your son/daughter enjoy?

Does your son/daughter struggle in any academic subjects?

Parent (Guardian) Name(s):

1) -----
2) -----

Cell Phone #: -----

Home Phone #: -----

Email address: -----

I will be entering your phone number into a Remind 101, so that I can update everyone this summer about the program and send out reminders.

Thank you!!

Early Start Coordinator and 9th Grade Lead Teacher: Tara Haddad

Contact Info: haddadt@dearbornschools.org, 313-827-1527