### JP CLASS of 2017 -- 7th Grade

(please print this sheet for future reference)

**WELCOME TO JACKSON PREP!** As your 7th grade coordinators, we hope to keep you informed and encourage parental and student participation. PLEASE feel free to contact any of the coordinators with your questions/comments.

#### DATES TO REMEMBER

Thursday, Aug. 11: 9:00 a.m. -- Orientation (Auditorium)

9:45 a.m. -- Book Distribution/Purchase Supplies-

\*CHECKS ONLY\* -- MPR

Friday, Aug. 12: First Day of School – Dismissal at 12:30 p.m.

12:30 p.m. - 2:30 p.m. - Class Party - River Hills Club

(parent consent form required)

Tuesday, Aug. 16: 6:00 p.m. – 7<sup>th</sup> Grade Parent Dinner –

**Dining Commons** 

Thursday, Aug. 18: 7:00 p.m. - 7:30 p.m. - Back to School Night --

Auditorium

7:30 p.m. - 9:00 p.m. - Classroom Visits

Tuesday, Aug. 23: 6:30 p.m. – Meet the Patriots – Gym

Friday, Aug. 26: 6:00 p.m. – 7:00 p.m. – Tailgate Party – Patriot Ave.

<u>Friday, Sept. 23</u>: 9:30 p.m. – 11:00 p.m. -- Homecoming Party –

Christ United Methodist Youth Room & Gym (parent consent form required)

Tuesday, Oct. 4: 12:00 noon – 7<sup>th</sup> grade Brown Bag Lunch – MPR

Friday, Oct. 14: 6:00 p.m. – 7:00 p.m. – Tailgate Party – Patriot Ave.

Tues., April 3: 11:30 a.m. - Moms' Salad Lunch - Location TBA

**April 12 -13: Heart of the Home-** PAT Fundraiser

<u>May 16</u>: 7th grade Honors Forum – Auditorium – 10:55 a.m.

Parent/PAT Brown Bag Lunch Meetings - 12:00 noon - MPR

(SAVE THE DATES! All parents are encouraged to attend - drinks and desserts provided.)

Sept. 8 \* Nov. 10 \* Jan. 19 \* March 1

Thanks!

Mary Preston Dubberly –Lead - mpbird@aol.com Ginger Arledge-- gingerarledge@gmail.com Stacie Crim -- sscrim@comcast.net

Susan Malouf -- susanmalouf@gmail.com Rivers Mounger -- rmounger@comcast.net

## JP CLASS of 2017- 7th Grade

### Please fill in the volunteer form below:

Please mail the following 3 items: this volunteer form, the parent consent form, and the class fee of \$30\* to the following:

Mary Preston Dubberly, 4371 North Honeysuckle Lane, Jackson, MS 39211
\*(Checks payable to Jackson Prep with "Class of 2017" in memo line)

or you can bring your forms and CLASS FEE (\$30) to the 7<sup>th</sup> grade table at Book Distribution on Aug. 11.

Student's Name:				
Parents' Name:				
Family E-mail:				
Phone No.:	Cell No.:			
OPI	PORTUNITIE	S TO HELP	IN 7th GRA	<b>DE</b>
BACK TO SCHOOL F	PARTY – Friday, A	ugust 12 – 12:30	p.m. – 2:30 p.r	n.
PRE-GAME TAILGATDecorationsH	<b>E PARTY – Friday</b> ost/HostessPro			
HOMECOMING PAR Chaperone	FY - Friday, Sept			.m.
7 <sup>th</sup> Parents BROWN I	BAG LUNCH - Tue	esday, October 4 ks	– 12:00 noon	
PRE-GAME TAILGATDecorations				
<b>7<sup>th</sup> parents volunteer</b> Cooks 0 Bake fo	: HEART OF THE I Gallery (Friday morning the Cooks Gallery	ıg)	-13, 2012 Cooks G Where N	allery (Friday afternoon) eeded
MOMS' SPRING SAL				
GLOBAL LEADERSH	IIP 7 <sup>th</sup> Gr. Rotation	Leadership Par	ents Mtg 8:00	a.m 10:30 a.m.
Set-up, nametags, greete	r Wed., Sept. 28	Wed., Dec. 7	Wed., Feb. 22	Mon., May 14

# Jackson Preparatory School P.O. Box 4940 Jackson, MS 39296

# **Parent Statement of Consent**

I, or we, certify that	at it is with full knowledge an	nd consent that (Student's Nam	ne)
may participate in		ool Party, Friday, August 12, 2011 Dp.m 2:30 p.m. <mark>(Yes or No)</mark>	l at
		Party, Friday, September 23, 20 t Church, 9:30 p.m11:00 p.m. (	
the Board of Truste	ees of JACKSON PREPARA	asonable precaution to avoid injury, I, or watORY SCHOOL, nor any of its agents, a result of or in any way connected with his	re responsible for any
I, or we, give my p a medical emergen	•	taken to the nearest hospital or emergency	medical facility in case of
	e school trip. I further unders	eted to obey the rules of JACKSON PREP, stand that my child will be sent home at m	
Signature of Pa	arent or Guardian	Date	
	ne instructions of the chapero chome at my expense at the di	nes and tour director and to stay with the g scretion of the chaperones.	group at all times. I realize
Signature of St	tudent		
Home Phone		-	
Work Phone (F)		(M)	
Emergency Contac	ets (names and phone number	rs)	
(1)		-	
(2)		-	
Allergies			
Medications			
OUT OF TOWN	TRIPS ONLY		

**Health Insurance Company and number**