Class of 2016 8th grade

(please print this sheet for future reference)

WELCOME BACK TO JACKSON PREP!

We are looking forward to a great 8th grade year at Prep. Not only will your student be challenged academically, but we have many exciting activities planned for the Class of 2016. Please put these dates on your calendar! Attached is YOUR list of 8th grade activities and opportunities for you to volunteer.

DATES TO REMEMBER

<u>Thursday, August 11:</u>	10:30 a.m. Junior High-Pick up Schedules MPR-Book Distribution-& Purchase Supplies *CHECK ONLY* *(can also pay class fee at this time)
<u>Friday, August 12:</u>	1 st Day of School -12:30 p.m. dismissal Back to School Party 2:00- 3:30 Sal & Mookies (Permission form required- form attached)
<u>Thursday, August 18:</u>	7:00 p.m 7:30 p.m. Back to School Night (Auditorium) 7:30 p.m 9:00 p.m. Classroom Visits
<u>Tuesday, August 23:</u>	6:30 p.m. Meet the Patriots (gym)
<u>Wednesday, September 21:</u> Friday, September 23:	12:00 noon 8th grade Brown Bag Lunch (MPR) Homecoming Game - <i>8th HC party TBA</i>
April 12 and 13:	Heart of the Home- PAT Fundraiser
Spring 2012:	Moms Salad Lunch (location/TBA)

PAT Parent 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

8th grade coordinators Jennifer Rebich jrebich@geiger.com (lead) 601-927-3369 Andre Kincaid <u>nwrband@hotmail.com</u> Leslie Zouboukos <u>lesliecz@comcast.net</u> Holly Sistrunk <u>sistrunk5@comcast.net</u>

8^{TH} Grade CLASS of 2016

	N THE INFORMATION BELOW AND SUBMIT RETURN BY
	THE CLASS FEE OF \$30* Due by August 15th er Rebich, 121 Redbud Drive, Brandon, MS 39047
	E and turn in forms at Book Distribution-8 th grade coordinator table.
*(Checks payable to	Jackson Prep, with "Class of 2016" in the memo line)
Student's Name:	Parent's Name:
Family email add	dress:
Phone #	Cell #
	ITIES TO HELP IN 8 TH GRADE 8 th parents Brown Bag Lunch (Sept. 21 st)
DecorationsHost/Hostes PRE-GAME TAILGATE PARTY -	Friday, August 26 - 6:00 p.m - 7:00 p.m. ssProvide AppetizerProvide Drinks Clean Up - Friday, September 16 - 6:00 p.m - 7:00 p.m. ssProvide AppetizerProvide Drinks Clean Up
	iday, September 23 - 9:30 p.m 11:00 p.m. (TBA) SweetProvide Drinks
	- Friday, October 14 - 6:00 p.m - 7:00 p.m. ssProvide AppetizerProvide DrinksClean Up
Help with 8 th Moms Salad Lunch (Spr Prepare salad Dessert	-
Provide food/Hostess for t End of the Year Party (TBA	the 9 th Grade Graduation reception (May 4 th) A)
8 th Grade parent helpers: HEART OF	
•	ing)Hostess (Friday afternoon)
Bake for the Cooks G	allery Where Needed
GLOBAL LEADERSHIP 8 th Grade Lea MPR Setup, take-down, and decorate, h 8 th Girls Retreat Thursday, May 3 [·] 8 th Guys Retreat Friday, May 4 HELP ANYWHERE NEEDED	

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

Parent Statement of Consent

I, or we, certify that it is with full knowledge and consent that_____(Student's Name)

may participate in 8th Grade Back to School Party, Friday, August 12, 2011 at 2:00- 3:30 Sal & Mookies

While I expect school authorities to exercise reasonable precaution to avoid injury, I, or we, understand that neither the Board of Trustees of JACKSON PREPARATORY SCHOOL nor any of its agents, responsible for any injuries or damages sustained by my child as a result of or in any way connected with his participation in this activity.

I, or we, give my permission for my child to be taken to the nearest hospital or emergency medical facility in case of a medical emergency.

I, or we, understand that my child will be expected to obey the rules of JACKSON PREPARATORY SCHOOL at all times during the school trip. I further understand that my child will be sent home at my own expense if he/she fails to obey these rules.

Signature of Parent or Guardian

Date

I agree to follow the instructions of the chaperones and tour director and to stay with the group at all times. I realize that I may be sent home at my expense at the discretion of the chaperones.

Signature of Student

Home Phone_____

Work Phone (F)_____ (M)_____

Emergency Contacts (names and phone numbers)

(1)_____

(2)_____-

Allergies______

Medications_____

OUT OF TOWN TRIPS ONLY_____

Health Insurance Company and number