## Murphey Middle School

1921 Eagles Way. Augusta, Georgia 30901
Phone: 706-737-7350 | Fax: 706-737-7353
Derrias Priestley, Principal
Pamela Forston, ED.S, Marvin Washington ED.S, Kelly Winstead M.Ed.
Assistant Principals

## **Summer Learning Registration Form**

Student Name:		<b>Current Grade</b> :	6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>
Would you like your child to attend Sun	nmer Learning?	Yes	No
Address:			
Parent/Guardian Name(s):			
Email address:			
Primary phone (cell/home):	Work 1	phone:	
Alternate number:			
Emergency Contact Name:	Contact	number:	
Name(s) of person (people) who may pic	k up my child from	school:	
Name:	Phone:		
Name:	Phone:		
Please list any important health informa	ation (allergies, medi	cation, medical	conditions):
	<b>, ,</b>	,	, ,

## **Affirmation/Permission:**

I give permission for my child to participate in Summer Learning at Murphey Middle School. I understand that my child will participate **June**  $6^{th} - 23^{rd}$ , with a holiday on **June**  $20^{th}$ . Summer Learning will be Monday through Thursday, 8:00 am - 12:00 pm. **Breakfast and lunch will be served.** You may also sign your child up on our school webpage or the QR Code below

