



Prince George's County Public Schools  
High School Consortium

*"Jumpstart to Graduation"*

A Summer Bridge Program for Rising 9<sup>th</sup> Graders  
in the Smaller Learning Community (SLC) Schools

**Check Program Site:** *(The program site will be the high school in which your child will be enrolled as a freshman.)*

\_\_\_\_ Crossland      \_\_\_\_ DuVal      \_\_\_\_ Potomac      \_\_\_\_ Oxon Hill      \_\_\_\_ Suitland

**Date:** \_\_\_\_\_ **Current Middle School:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**Student Name: (please print clearly)**

\_\_\_\_\_  
*(Last)*

\_\_\_\_\_  
*(First)*

\_\_\_\_\_  
*(Middle)*

**Home Address:** \_\_\_\_\_

**City, Zip Code** \_\_\_\_\_

**For Bus Transportation Only:** *(List the pick-up and drop-off locations if either differs from the home address.)*

Pick-Up Address: \_\_\_\_\_

Drop-Off Address: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

\_\_\_\_\_  
*(Last)*

\_\_\_\_\_  
*(First)*

\_\_\_\_\_  
*(Middle)*

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Information:**

\_\_\_\_\_  
*First and Last Name (Print)*

\_\_\_\_\_  
*Emergency Contact Number*

\_\_\_\_\_  
*Physician's Name (Print)*

\_\_\_\_\_  
*Phone Number*

**Allergies or Medical Conditions:** \_\_\_\_\_

Registration for "Jumpstart to Graduation" can be returned to your child's middle school or future high school. There will be a box in the middle school main office where you may leave the registration form. Completed forms may also be mailed to the high school marked "Attention: Jumpstart to Graduation" or faxed to (301) 817-7944. For information about registration or any questions about the program, contact the high school at (301) 817-0500.

\_\_\_\_\_  
**(Student Signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Parent Signature)**

\_\_\_\_\_  
**(Date)**