

**REGISTRATION  
DEADLINE**

**MAY 24, 2018**

Congratulations! You never thought the moment would arrive, but here it is....you are finally graduating elementary school! Now it's time to start a new chapter in your life. It is time to start middle school. It is an exciting time for you, but it can also be an anxious time.

To help you enter the school year feeling at home at Lincoln/SOTA II/Coulee Montessori we would like to invite you to **6th grade AKA: Academics, Knowledge, and Achievement.**

Participants will become familiar with their new school as well as have the opportunity to meet and interact with the middle school staff.

Students who attend AKA will enter the school year feeling comfortable, confident and prepared to learn!

**LINCOLN MIDDLE SCHOOL  
SOTA II  
COULEE MONTESSORI**

510 South 9th Street  
LaCrosse, WI 54601

Phone: 608-789-7780

Fax: 608-789-7181

**Melissa Murray**

Principal

**Eric Check**

Dean of Students/  
Activities Director

**Rick Blasing**

**Tanya Vaughn**

Counselors

For more information or questions please contact Rick Blasing or Tanya Vaughn (School Counselors) at 789-7780.



Get a jump start on middle school with

**LINCOLN MIDDLE SCHOOL /  
SOTA II / COULEE  
MONTESSORI**

**6th Grade AKA:**

**Academics,  
Knowledge,  
and Achievement**



**TUESDAY,  
AUGUST 20, 2019**

**12 noon to 4:00 p.m.**

# A.K.A. Schedule

TUESDAY,

AUGUST 20, 2019

12:00 NOON TO 4:00 P.M.

12:00-12:15 REGISTRATION

12:15-12:30 WELCOME & INTRODUCTIONS

12:30-3:45 MIDDLE SCHOOL EXPLORATION

Various activities will help students get to know classrooms, LMC use, core teachers, expectations, schedules, time management, lockers, etc. Activities will also introduce students to elective teachers and classes as well as support and student services staff.

3:45-4:00 WRAP UP & SCHEDULE DISTRIBUTION



# A.K.A. REGISTRATION FORM

Return form to Lincoln/SOTA II/Coulee Montessori by May 24, 2018.

Circle one: Lincoln SOTA II Coulee Montessori

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Work/Cell Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Elementary School Attended: \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

I give my child permission to participate in Lincoln Middle/SOTA II/Coulee Montessori School's AKA program on August 20, 2019.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please drop off or mail form to:  
Lincoln/SOTA II/Coulee Montessori  
510 South 9th Street  
LaCrosse, WI 54601

## Health Information Enrollment Form

Summer School 2019 School District of LaCrosse

Please complete this information for your child. Include any life-threatening health problems or serious medical conditions that could pose a risk for your child during the school day or at extra-curricular activities.

If your child requires medication during the school day please complete a school Medication Form that is available from school or your physician's office.

\_\_\_\_ My child does **NOT** have any known health concerns.

\_\_\_\_ My child **has** the following health concerns:  
(Please include any emergency instructions.)

\_\_\_\_ Allergies:

\_\_\_ Bee Sting Allergy

\_\_\_ Food Allergy (include type)

\_\_\_ Latex Allergy

\_\_\_ Other Allergy (please specify)

\_\_\_ Asthma

\_\_\_ Diabetes

\_\_\_ Seizures (include type)

\_\_\_ Other (please specify)

DIETARY NEEDS \_\_\_\_\_

My signature gives permission to share this health information with school staff and district transportation providers working with my child. This information will be used if necessary for safety at school, on field trips, and other school activities.

Parent/Guardian Signature \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_