



## The **COMPASS Program** Summer 2019

Attention all grade 8 students entering **LOWELL HIGH SCHOOL** in the **Fall of 2019**:  
Are you looking for exciting and fun activities to do this summer? Join us at the **Compass Program** to meet new friends, get engaged in your community, learn about Lowell High School, and uncover your hidden talents.

### **WHERE:**

Stoklosa Middle School  
560 Broadway Street  
Lowell, MA 01854

### **WHEN:**

Monday July 8<sup>th</sup> – Thursday July 25<sup>th</sup>  
\* Friday July 26<sup>th</sup> and Saturday July 27<sup>th</sup> \* for FOLK FESTIVAL

### **WHAT:**

- Participate in exciting programs Monday through Thursday
  - Attend college visits to UML and MCC BEDFORD
- Attend field trips to Lelacheur Park, Brunswick Bowling, Mirror Lake
- Get ready for high school by meeting new friends and LHS staff
  - Join us at the Compass Spinner Night

### **MONDAY - WEDNESDAY DAILY SCHEDULE:**

8:00 – 8:45: Health and Wellness; Breakfast is included  
8:45 – 11:30: Activity Time  
11:30 – 12:00: Dismissal or Lunch

### **COST:**

COMPLETELY FREE!

### **WHO:**

YOU! An incoming 9<sup>th</sup> grader at Lowell High School

### **QUESTIONS:**

Kate Keefe [kkeefe@lowell.k12.ma.us](mailto:kkeefe@lowell.k12.ma.us)

**REGISTRATION IS AVAILABLE ONLINE. The form can be found by either:**

\* Visiting the [LHS Website](#)

\* Visiting this URL <https://forms.gle/pvGe2fFE6wCVmcaY6>

\*Scanning the QR CODE



The COMPASS Program Registration Form – Summer 2019

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Current School: \_\_\_\_\_

Student Contact email: \_\_\_\_\_

Student Cell phone #: \_\_\_\_\_

**Emergency Contact Information:**

(Please provide information where someone can be reached from 8:00 – 12:00)

**Primary Guardian name and relationship to student:**

\_\_\_\_\_

**Primary Guardian Phone Number(s):**

\_\_\_\_\_

**Primary Guardian Phone Number(s):**

\_\_\_\_\_

**2<sup>nd</sup> Emergency Contact Information**

(Please provide information where someone can be reached from 8:00 – 12:00)

**Name and relationship to student:**

\_\_\_\_\_

**Phone Number(s):**

\_\_\_\_\_

**Does your student have any medical conditions or take any medications? (i.e. Allergies)**

**Please explain:** \_\_\_\_\_

**How will your student get home from the Compass Program?:**

\_\_\_\_\_

*(Transportation is NOT provided, but daily one-ride LRTA bus tickets will be provided at no cost):*

I give my student \_\_\_\_\_, permission to participate in The Compass Program offered through the Lowell Public Schools Extended Time Program. Permission is also granted for my child to travel on any field trips for special activities offered through this program. The LPS Extended Time Program is not responsible for any injury or accident that may occur during the above listed program. I give permission for medical treatment to be administered to my child by qualified medical personnel in the event of accident or injury. I understand the LPS Extended Time Program is not liable for my student in the event they do not attend the program, or if they choose to leave early.

I give my student, \_\_\_\_\_, permission to be videotaped, photographed and/or audiotaped during participation in the above listed course conducted by the LPS Extended Time Program. I understand the footage (pictures, video, sound) may be incorporated into materials that promote the LPS Extended Time Program.

Signature: \_\_\_\_\_

*If you do not fill out the online form, you can fill out this hardcopy form and return it in any of the following ways:*

*Scanned and emailed: [Kkeefe@lowell.k12.ma.us](mailto:Kkeefe@lowell.k12.ma.us)*

*Interoffice mail: Kathleen Keefe, Lowell High School, E House*

*Fax: (978) 441-3742*