



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 8th – Thursday July 25th
* Friday July 26th and Saturday July 27th * 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 9th grader at Lowell High School

QUESTIONS:

Kate Keefe 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):

2nd 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

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

Fax: (978) 441-3742

