

GATE SHADOW DAY APPLICATION

Kraemer Middle School



Please help us get to know you better so that we can match you with a 7th grader to shadow for the day. It is our hope to connect you with a host that will share some of your same interests, perhaps have an elective you want to take, and ultimately, someone who can be a friend to you next year. Thank you for your interest in Kraemer Middle School's GATE Magnet Program.

Student Name _____ Male _____ Female _____

Home Address _____

City & Zip Code _____

Phone Number _____

E-Mail address: _____

Current Elementary School: _____

Additional name and phone number in case of an emergency:

Name _____ Phone Number _____

*Please list on the back or attach information regarding pertinent medical conditions or allergies.

I would like to attend Shadow Day on:

_____ March 7 (Golden students) **return application by February 24th**

_____ March 16 (Woodsboro students) **return application by March 4th**

_____ March 21 (Tynes, all other 6th grade GATE students, and private school students) **return by March 10th**

Areas of Interest - Please check your top 5 priorities:

Electives

- _____ Art and Technology
- _____ Band
- _____ Orchestra
- _____ Vocal Music
- _____ Peer Leadership
- _____ Spanish elective
- _____ Science Olympiad

Activities

- _____ After-School sports
- _____ Math Counts
- _____ Dance
- _____ Color guard
- _____ MESA
- _____ Spelling Bee
- _____ Other: _____

Please choose one: I prefer to observe _____ Pre-Algebra or _____ Algebra I.

If you already know a 7th grade Kraemer GATE student and you would like to request him/her as your host please list his/her name here: _____

I understand that my child will attend Shadow Day at Kraemer as an instructional day and will come prepared for a day of learning. Further, I understand that transportation is not provided by the school or district, and I will need to make arrangements for my child.

Parent Signature: _____

Please return to Leanabeth Arauz via:

Fax: (714) 996-8407

Mail: Kraemer Middle School – 645 North Angelina Dr., Placentia, CA 92870

Phone: (714) 996-1551, ext. 20040

E-mail: Larauz@pylusd.org