SEAHAWK 101
Class of 2020

WHO?  All South Lakes rising freshmen

WHAT?  South Lakes High School Preparation

WHEN?  Choice of: Monday, July 25th-Thursday, July 28th (9:00am-12:00pm)  
         or  
         Monday, August 1st-Thursday, August 4th (9:00am-12:00pm)

WHERE?  South Lakes High School

COST PER STUDENT:  $30.00 ($10.00 for free/reduced lunch)
Includes program t-shirt, snacks each day and transportation from select locations

Registration form due date: June 24, 2016
First come, first served, until capacity reached.

Please make checks payable to South Lakes High School

Mail Check and Registration Form to:

    Seahawk 101
    Attn: Dana Weiss
    South Lakes High School
    11400 South Lakes Drive
    Reston, VA 20191

Contacts:
Jon McNamara:  jdmcnamara@fcps.edu
Heather Thomas:  hathomas@fcps.edu
Dana Weiss:  dmweiss@fcps.edu
SEAHAWK 101 REGISTRATION FORM

Monday, July 25th-Thursday, July 28th or Monday, August 1st-Thursday, August 4th (Please circle one)

Student Name:_________________________________________
Age:___________ DOB:_____/_____/_____

T-Shirt Size (Circle One): Adult S, Adult M, Adult L, Adult XL, Adult XXL

Mailing Address:____________________________________________________________________
City:___________________________________ Zip:_____________________________________

Parent/Guardian Name:_______________________________________________________________
Home Phone:___________________________ Cell Phone:_______________________________
Email:____________________________________________________________________________
Emergency Contact:________________________ Relationship:_________________________
Emergency Contact Phone :_________________________________________________________________

Please list any physical restriction(s) or other special need(s) of which we should be aware:________________________________________________________________________

PARENT PERMISSION FOR ATTENDANCE TO 2016 SEAHAWK 101 PROGRAM
I give permission for my child,__________________________, to attend.
Parent Signature: _____________________ __________________ Date:______________

_____Transportation is needed (choose a pick-up location below)
  • Dogwood ES
  • Hunters Woods ES
  • Lake Anne ES
  • Forest Edge ES

_____Transportation is not needed