



Collaborative Arts Middle School

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Tammy N. Holloway
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Saturday Enrichment Academy

January 25, 2018

Dear Caregivers of _____ from class _____,

Your child has been selected for Saturday Enrichment Academy. This is an opportunity to receive accelerated instruction in preparation for the upcoming NY State ELA and Math exams. Spots will be reserved for the first 15 students to return permission slips. Please note, students **who fail to attend more than two sessions** will be removed from the program. The program will run on the following Saturdays from 8:30am-11:30am.

February Dates	2/3	2/10		
March Dates	3/3	3/10	3/17	3/24

For students who attend **all sessions**, there will be a special trip on Saturday, April 14th to Aviator Sports and Event Center. Please sign below to give your child permission to attend.

Sincerely,

Principal Holloway
TH:th

I give permission for _____ of class _____ to attend Saturday Enrichment Academy. I understand that I must send a note if my child will need to miss a session.

Caregiver Signature

Emergency Contact Number

