



GRADES 4-8

STUDY HALL

Session THREE

Begins Monday, April 1

Ends Monday, June 3

M-TH for 1 hour after school

M 2:15-3:15 and Tues.-Thurs. 3:00-4:00

Student: _____

Teacher: _____

Circle Days: Monday Tuesday Wednesday Thursday

Plan for after class (please circle):

Pick-Up Activity Center Walk Other _____

Parent Contact Information

Name/Phone: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

Parent Signature: _____

Each day per week is considered a class.

Classes are \$50 each.

If your child qualifies for reduced lunch price: \$5 per class If your child qualifies for free lunch: No charge

For Office Use:

Cash: \$ _____ by _____ Check # _____ \$ _____

Payment _____ Balance _____



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