

GRADES 4-8

STUDY HALL

Session One

Begins Monday, September 11

Ends Thursday, December 14

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 \$60 each.

If your child qualifies for reduced lunch price: \$6 per class

If your child qualifies for free lunch: No charge

For Office Use:

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

Payment _____ Balance _____