

Academic Support is being offered Monday – Thursday each week from 3:00 until 4:15. In order for us to plan appropriately, and to be sure you know where your child is, we ask that you complete this form each day your child wants to stay for extra help. Please have your child place this form in the envelope outside Room 208 (Miss Newcomb’s room) ASAP, but no later than 12:30 each day.

_____ (student’s name) in _____ grade has my permission to stay after school for academic support. The area he/she would like help in is _____.

Choose one option for dismissal

_____ he/she will ride the athletic bus that leaves at 3:45 (fall only) / go immediately to practice.

_____ he/she will ride the shuttle to Troupsburg where I will pick him/her up at 4:30.

_____ he/she will ride the shuttle to Jasper where I will pick him/her up at 4:45.

_____ he/she will be picked up at 4:15 at Greenwood.

Parent name printed.

Parent Signature

Date

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