

2018-19 Extended Day Application

Student Name _____ Grade _____

Parent/Guardian Name _____ Phone Number _____

Address _____

Allergies or Medical Alert Information _____

After School drop off address (if different from parent address)

As part of the Extended Day grant program:

- Your child may be photographed or videotaped to feature an educational program or topic concerning our schools or to highlight grant activities.
- Your child will be attending educational field trips and Extended Day programs at other school sites and at institutions of higher education (partners).

We value your insight and are looking for parents to serve on our extended day committee. We are asking you to be part of our efforts to create a meaningful program for our students.

_____ Yes, I would like to be part of the extended day committee.

_____ No, not at this time

_____ I would like more information about the committee

Please indicate how your student will get home:

_____ I (parent) will pick them up at 3:20

_____ I will have them walk home at 3:20

_____ I would like my student to take the late bus at 3:20

My Child may attend the Extended Day Program and take part in all activities of the program.
(Questions or concerns please contact Mrs. Devlin)

Parent Signature: _____ **Date:** _____