

HOPE TOWNSHIP SCHOOL 3RD, 4TH AND 5TH GRADE
HOMEWORK CLUB PERMISSION SLIP

Student Name _____ Grade _____

Date(s) Student Will be Attending Program: _____

Supervising Teacher: Mrs. Gecek

Days: Mondays (ELA) and/or Tuesdays (MATH)

I understand that:

- The Homework Club takes place from 3:15-4:00 pm on Mondays (ELA) and Tuesdays (MATH) beginning September 23, 2019 and ending on May 19, 2020.
- Students will be required to complete the form attached to this letter and return it to Mrs. Gecek no later than the Monday of the week that they will be staying if signing up on a weekly basis. The Homework Club Permission Form can be filled out on a weekly basis or for the entire school year.
- A note will be required if a student cannot stay on a day that they previously had signed up for.
- Additional permission forms can be found in the main office.
- Students must bring all of the materials assigned by their classroom teacher.
- Students will be supervised by a Hope Township School staff member and the student code of conduct and rules outlined in the Student Handbook will apply to this program.
- Students must be picked up in the APR parking lot no later than 4:00 pm.
- Students who are picked up chronically late at the dismissal of The Homework Club will not be allowed to participate in the program.

Circle one of the dismissal choices and fill in all blank sections below.

My child's dismissal plan is for him/her to: Walk home Be picked up by: _____

If the student's parent is not picking them up, please provide a phone number where the above person can be reached at 4:00 pm. Phone number: _____

Please indicate special medical problems, dietary needs or allergies _____

Family Physician _____ Phone Number _____

I grant permission for my child to participate in the Homework Club program and I understand the information outlined above.

Parent Signature

Date

During the hours of this program, I can be reached at _____
Phone Number

I would like my confirmation email to be sent to _____
Email Address

HOPE TOWNSHIP SCHOOL
OFFICE HOURS PERMISSION SLIP

Middle School Student Name _____ Grade _____

Date(s) Student Will be Attending Program: _____

Supervising Teachers:

Mrs. Rockenfeller, Mondays
Language Arts, Science, Social Studies

Mr. Grennan, Tuesdays
Mathematics

I understand that:

- Office Hours take place from 3:15-4:00 pm on Mondays and Tuesdays only beginning September 23, 2019 and ending on May 19, 2020.
- Students will be required to complete the form attached to this letter and return it to Mrs. Rockenfeller and/or Mr. Grennan no later than the Monday of the week that they will be staying if signing up on a weekly basis. The Office Hours Permission Form can be filled out on a weekly basis or for the entire school year.
- A note will be required if a student cannot stay on a day that they previously had signed up for.
- Additional permission forms can be found in main office.
- Students must bring all of the materials assigned by their classroom teacher for their specific area of concern to Office Hours.
- Students will be supervised by a Hope Township School staff member and the student code of conduct and rules outlined in the Student Handbook will apply to this program.
- Students must be picked up in the APR parking lot no later than 4:00 pm.
- Students who are picked up chronically late at the dismissal of Office Hours will not be allowed to participate in the program.

Circle one of the dismissal choices and fill in all blank sections below.

My child's dismissal plan is for him/her to: Walk home Be picked up by: _____
If the student's parent is not picking them up, please provide a phone number where the above person can be reached at 4:00 pm. Phone number: _____

Please indicate special medical problems, dietary needs or allergies _____
Family Physician _____ Phone Number _____

I grant permission for my child to participate in the Office Hours program and I understand the information outlined above.

Parent Signature

Date

During the hours of this program, I can be reached at _____
Phone Number

I would like my confirmation email to be sent to _____
Email Address