

Extended Day Application for 2022/2023

Student Name: _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Please indicate the desired session(s) your child will attend:

- Algebra 1 Support (Tuesdays)
- Study Skills (Wednesdays)
- Virtual Support (Wednesday evenings)

Select the appropriate response regarding transportation:

- Student will walk home.
- Parent/guardian will provide transportation.
- Contact Sharon Sowada (sharon_sowada@hcpss.org) with any transportation needs.

I understand that this program is meant to be useful and instructional.

My child will adhere to the following:

- Follow all established school and county rules.
- Display expected behaviors.
- Come prepared to learn and work.

If my child disrupts the learning of others, I will be contacted, and a referral will be sent to his/her administrator. Continued disruption will result in removal from the program.

Student Signature: _____

Parent Signature: _____

By signing this form, I grant permission for my child to participate in the Extended Day Program. I also understand that if I request transportation services, my child will be transported from HoHS to the nearest cluster stop. In addition, I understand that I am responsible for arranging retrieval of my child from the cluster stop.

*Submit this completed form to the Front Office.