

Mayfield Woods Middle School

After School Program • SY 2018-2019 • Permission Form

Dear Parent/Guardian:

This fall we are offering an Academic Center for students in the Media Center. This program will meet on Wednesdays for selected dates. The purpose of this program is to provide assistance to students for completing assignments and to provide a space for studying.

Program Guidelines

- **Arrive on time.** This program begins promptly at **2:45 p.m.** After stopping by your locker to collect the items that you will need, you should report directly to the media center.
- **Bring academic materials.** Bring your homework, classwork, projects, textbooks, studying material, or just a book you enjoy reading. We are here to assist you with your school work.
- **A snack will be provided.** Students are also welcome to bring their own snack from home.
- **Transportation.** At this point, we do not have a bus for the Academic Center program. Students will need to either walk home or be picked up by a parent or guardian.
- **Leave on time.** We will dismiss at **4:15 p.m.**
- **Permission form.** This permission form must be completed by a parent/guardian and submitted to Mr. Grafton in the media center before attending the Academic Center.
- **Follow B.A.R.K.** Staff members will work with students to build shared expectations.

Fall Meeting Dates

My child has permission to stay at school for the Academic Center on these selected dates:

Student Information

Student's First Name Student's Last Name Grade

Health problem, allergy or disability

Accommodations needed (e.g. IEP/504)

Parent Information

My child will be picked up at 4:15 p.m. _____
Parent/Guardian Initial

My child has permission to walk home. _____
Parent/Guardian Initial

October	November	December
<input type="checkbox"/> 10/10	<input type="checkbox"/> 11/14	<input type="checkbox"/> 12/05
<input type="checkbox"/> 10/17	<input type="checkbox"/> 11/28	<input type="checkbox"/> 12/12
<input type="checkbox"/> 10/24		<input type="checkbox"/> 12/19
<input type="checkbox"/> 10/31		

Signature of Parent or Guardian

Date

Name of Parent or Guardian

() _____
Home phone

() _____
Work/Cell phone