PLEASE RETURN TO YOUR CHILD’S HOMEROOM TEACHER.

Student Name: ________________________________ Grade: __________________

HomeRoom Teacher: ____________________________

My child’s PERMANENT weekly schedule is as follows:
***Please circle one option per day***

Monday        EDEP        Bus # _____        Pick-up

Tuesday       EDEP        Bus # _____        Pick-up

Wednesday      EDEP        Bus # _____        Pick-up

Thursday      EDEP        Bus # _____        Pick-up

Friday         EDEP        Bus # _____        Pick-up

_EDEP means Extended Day Enrichment Program (housed here at the school)_

Signature of Parent/Guardian ________________________________

Telephone Number _____________________________        Date ______________________

If you wish to make a permanent change to this schedule, you need to fill out a new form. If the change is for one day only, send a note with your child that morning. In the case of an emergency, you may call the school prior to 1:30 p.m. After 1:30 p.m. calls are discouraged except in extreme cases.