

Eli Whitney THS

Extended School Day Program Registration Form SY 2019-2020

Student: _____ Grade: _____ ID#: _____

Please review the program options and check the ones you would like your student to attend:

9th Graders

___ English tutoring ___ Aleks tutoring ___

10th Graders

___ Aleks tutoring ___ English ___ Plato Health I ___ Plato Algebra I _____

11th Graders

___ Aleks tutoring ___ English tutoring Plato Health I ___ Plato Health II ___ Plato Algebra I ___ Algebra II

12th Graders

___ English tutoring ___ Math tutoring Plato Algebra I ___ Plato Algebra II _____

All Students

Please register my child for the activities checked above. I understand that enrollment in the Extended Day Program is subject to compliance with the policies, rules, and regulations of the Extended Day Program as stated on the information sheet and on any school procedures sheet I have received. **I further understand students that are disruptive or chronically absent will be subject to discipline and/or dismissal from the program.**

Parent/Guardian signature: _____ Date: _____

Home Phone _____ Cell _____ E-mail _____