

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent Names: \_\_\_\_\_

Parent Phone: *Home* \_\_\_\_\_ *Work* \_\_\_\_\_

*Cell* \_\_\_\_\_

SEMESTER:			
	Tuesday	Wednesday	Thursday
8:00-8:30			
8:30-9:00			
9:00-9:30			
9:30-10:00			
10:00-10:30			
10:30-11:00			
11:00-11:30			
11:30-12:00			
12:30-1:00			
1:00-1:30			
1:30-2:00			
2:00-2:30			
2:30-3:00			
3:00-3:30			
3:30-4:00			
4:00-4:30			
4:30-5:00			

I agree that this student is responsible for attending the classes listed above. If there are any changes in this schedule I will contact my Education Coordinator immediately to revise this schedule. I know that when students are not in a class they need to be with their parent. Any other arrangements must be made and agreed upon with the student's Education Coordinator and the parent. Specifics of this arrangement will be listed on the back of this form.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_