

****NOTE:** In order to provide teachers adequate space to socially distance during the current rise in COVID-19 numbers, we are asking families to attend on their A or B scheduled day unless the student participates in a program where additional days are required in order to meet service minutes. The school may take a few additional students based on unique needs.

Students Needing a Safe Place to Learn

Parent Name _____ Contact # _____

Student First Name _____ Last Name _____

Teacher _____ Grade _____ DOB _____

Does your student participate in any of the following programs?

___ *Families in Transition* ___ *EL* ___ *Special Education* ___ *504*

Reason for request to attend school beyond scheduled AB days:

Student First Name _____ Last Name _____

Teacher _____ Grade _____ DOB _____

Does your student participate in any of the following programs?

___ *Families in Transition* ___ *EL* ___ *Special Education* ___ *504*

Reason for request to attend school beyond scheduled AB days:

Student First Name _____ Last Name _____

Teacher _____ Grade _____ DOB _____

Does your student participate in any of the following programs?

___ *Families in Transition* ___ *EL* ___ *Special Education* ___ *504*

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