

CHS Recovery/ Saturday School Sessions Permission Form

DATES:

January 5, 2019, 9:00 a.m.-12:00 p.m. _____

January 10, 2019, 2:30 p.m.-5:00 p.m. _____

January 12, 2019, 9:00 a.m.-12:00 p.m. _____

January 17, 2019, 2:30 a.m.-5:00 p.m. _____

LOCATION: Churchland High School

PHONE NUMBER: 757-686-2500 **ADMINISTRATORS:** Derrick Watkins/Carie Hatfield

Please submit questions via email: Derrick.Watkins@portsk12.com / Carie.Hatfield@portsk12.com

***Transportation will be provided (See back for Bus Stops) after the Thursday sessions and for pick-up and drop-off on Saturdays.**

*Please return this form no later than three days before attending a Recovery/ Saturday School Session.

PURPOSE FOR ATTENDING: PLEASE SELECT ONE

ATTENDANCE

More than 10 absences in

Block: 1 2 3 4

TUTORING (Course Needed): _____

Attendance: Students must have work for which they are making up attendance and must remain the entire time to receive attendance credit. When possible, students will be directed to a tutoring session.

Tutoring: Students will have the opportunity to attend up to two tutoring sessions

I give permission for my child, _____, to attend the above

Recovery/ Saturday School Sessions.

Parent Contact:

Name: _____

Phone: (cell) _____ **(home)** _____

Email: _____

In the event that we are unable to contact you, please provide emergency contact information:

Emergency Contact Name: _____ **Emergency Contact Phone:** _____

Parent/Guardian Signature

Date