

AFTER SCHOOL 2011 - 2012

It's time to begin making plans for after school!

The primary focus for the program is as follows:

Remedial education activities and academic enrichment learning programs, including providing additional assistance to allow the students to improve their academic achievement: Students performing at Level One on the Criterion-Reference Test (CRCT) – Grades 1-8 - are targeted in the after school and summer school programs. Students in Grades 9-12 are enrolled in Credit Recovery Program and /or tutorial assistance.

Welcome to After School! We are glad to have you here. Lots of exciting activities have been planned for this school year. We need your help in making this school year a successful experience for everyone.

The 7 – 12 Program will operate at their school sites, **Monday – Friday from 3:15 – 5:40 p.m. The After School program will begin September 6, 2011**

PLEASE FILL OUT THE FOLLOWING FORM ONLY IF YOU ARE INTERESTED IN COMING TO AFTER SCHOOL.

Make sure you include any special needs your child may have. If your child has to take medication, please bring it to the school in the original bottle with directions.

Good behavior is vital to the success of our after school program. Misbehavior will not be tolerated. Students will be removed from the program if their behavior interrupts the learning environment.

Bus safety is another important aspect. **Parents must be at the drop-off sites to meet the bus on time.** If you are late more than once, students will no longer be able to ride the bus and you will have to pick them up at the school. It is very important that the buses stay on schedule and waiting makes them late for the remainder of the stops.

REGISTRATION FORMS must be signed by parent. Forms need to be returned by Aug. 22, 2011

Sincerely,

Jan Pearce

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Assistant Superintendent (If you have any questions, please call *Jan Pearce* at 706-746-5376.)

Child's Name _____ Grade _____ School _____

Address: _____

Are you interested in bus transportation to a drop-off site? _____ YES _____ NO

(If No, please list the name (s) & phone number of those authorized to pick up)

1. _____

2. _____ 3. _____

Special Needs (allergies, medications, diet, etc.) _____

(If yes, please sign): *I understand and agree that the Rabun County School System assumes no liability for the students after the bus drops them off at the drop-off site. Parent(s)/Guardian(s) are responsible for the students after they unload from the bus.* PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Parent(s)/Guardian (s) Names & Phone Numbers (Home, Work & Cell)