



J. W. Mitchell High School
Extended School Day Registration Form
2016-2017



All information must be complete before your child's application can be processed.

Student's Name _____

Student Number _____

YES, I WOULD LIKE MY CHILD TO ATTEND:

_____ I would like my child to be considered for participation in the Extended School Day Program. I understand that he/she would need to attend consistently and follow all classroom rules.

TRANSPORTATION-Select ONE

_____ I will be responsible for picking my child up at 4:40 p.m.

_____ I am requesting bus transportation. I realize my child may not necessarily be dropped off at their regularly scheduled stop.

AREA OF SUPPORT-

_____ Reading Only

_____ Math Only

_____ Reading & Math

_____ APEX

Parent Name _____ Phone Number _____

Email _____

Parent Signature _____

*** Please return this form to Heather Bell ASAP***

hbell@pasco.k12.fl.us