

BEFORE / AFTER SCHOOL CLASS INFORMATION

SCHOOL: _____

The following information is to be submitted to the Business Office for approval PRIOR to commencing a Before / After School Class:

Teacher Name: _____

Name of class: _____

Date class starts: _____

Date class ends: _____

Days class will be taught: _____

Time class will start/end: _____

Classroom # _____

Grade levels: _____

of students: _____

Account to be charged: District -or- School (if school, write account number below)

School Account number to charge:

What determines eligibility of a student to be in this class (Indicate one below):

At Risk (A)

Low Test (L)

Gate (Gate)

Other (O) for K/1