

You must return this form to register for any Zero Hour class(es)

ONE FORM PER CLASS PLEASE

PLEASE PRINT CLEARLY.

SLES ZERO HOUR REGISTRATION FORM

Student Name: _____ Grade: _____
Homeroom Teacher: _____

Parent Name(s): _____ Email: _____

Home Phone: _____ Cell Phone: _____

Alternate Contact: _____ Phone#: _____

Class Requested: _____

Name of Teacher teaching the ZERO HOUR CLASS (NOT homeroom teacher): _____

Important Notes:

Enrollment: Due to the popularity of our zero hour programs, a drawing may be held to determine enrollment. If more than one session is listed, students register for the class and a random drawing will be held for all available sessions. Students will be notified of their assignment.

Behavioral Expectations: Zero Hour classes follow the same SLES behavioral expectations as during the regular school day. Enrollment in this program is contingent on following those expectations.

Transportation (please check one):

- Student will be transported by parent/guardian
 Student will ride transfer bus (#18) from high school @7:45 AM
 Student attending from EEP

Parent/Guardian Drop Off/ Pick Up:

Parents may not drop off students prior to the Zero Hour class start time (7:30 AM) or pick up beyond the end time (4:10 PM). There is no supervision before or after these scheduled times.

Breakfast: Breakfast is offered 8:30- 8:45 AM in the lunch room for \$2.00.

My signature indicates that I give permission for my student to attend Zero Hour class(es) and I that I understand the notes.

Parent Signature: _____ Date: _____
