

Form JDB-1

*Empowering Dreams for the Future*

**SATURDAY SCHOOL ENTRY CONTRACT**

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|  |

Local School

|  |  |
| --- | --- |
| Student’s Name: |  |

(Last) (First)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grade: |  | Sex: |  | Race: |  | Home Phone: |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Total Number of Saturdays assigned: |  |

|  |  |
| --- | --- |
| Dates Assigned: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Time Assigned: Arrive: |  | Depart: |  |

Students will not be admitted to Saturday School after assigned arrival time and must be picked up promptly at assigned depart time.

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| Reason for Assignment (list offense): |

*Student’s Signature Date*

*Administrator’s Signature Date*

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\** **ADMINISTRATIVE USE ONLY**

**Verbal Permission – Academic Study Assignment Only**

*Parent/Guardian Date*

*Administrator’s Signature Date*

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I understand the reason for my child being assigned to Saturday School and request that he/she be assigned to:

a) Study b) Study and/or work

*Parent/Guardian Date*

**NOTE: FAILURE TO COMPLETE ASSIGNMENT TO SATURDAY SCHOOL WILL RESULT IN OTHER ADMINISTRATIVE ACTION SUCH AS ISS/SUSPENSION.**