MBMS Program of After School Study (PASS)

Name ___________________________________ Date ___________ Community_________

You are being asked to attend the Program of After School Study (PASS) on the following date:

- ❏ Monday _______/____/________ (month / day / year)
- ❏ Wednesday _______/____/________ (month / day / year)

You are being asked to stay for the following reason(s):

- ❏ To make up work due to absences
- ❏ To get extra help on an assignment/assessment
- ❏ To have some extra time to complete an unfinished assignment/assessment
- ❏ Other ___________________________________________________

Subjects:

- ___ Language Arts
- ___ Social Studies
- ___ Math
- ___ Science
- ___ World Language
- ___ Health
- ___ RTI (LAC/MAC)
- ___ Art

Specific Assignments:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

* Reminder: Please remember to sign up for the MBMS Program of After School Study (PASS) and shuttle bus (if you need it) on the table by the main office before 10:00 A.M. The program runs until 5:00 P.M. You can also be picked up by your parent at an earlier time if convenient.

Please have your parents call with any questions. (778-3511)

Teacher’s signature ________________________________________________________________

- ❏ Yes, my child will be able to attend.
- ❏ No, my child will not be able to attend.

Parent signature ________________________________________________________________