

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 _____