

PARENT OR LEGAL GUARDIAN SCHOOL SCHEDULE

This form must be completed by a school advisor or representative.

Parent/Legal Guardian's Name: _____

Name of School: _____

Address: _____

Current School Term: Fall Spring Summer Year: _____

Term Start Date: _____ Term End Date: _____

School Schedule:

(Include school hours for each day)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Name of School Representative: _____

Title: _____

Telephone Number: () _____

Signature: _____

Date: _____