Parents,

We would like to invite your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the **Dawson County Junior High Extended Day program**. This program will start on **Monday, October 24th** and will be held after school on Mondays and Tuesdays from 2:30pm-3:30pm each week until Milestones (GMAs) testing. Students will need to be picked up from DCJH each day at 3:30pm.

This year, your child is invited to the following program(s).

|  |  |  |
| --- | --- | --- |
| **Subject** | **Date / Time** | **Selected?** |
| **English Language Arts** | Monday 2:30pm - 3:30pm |  |
| **Social Studies** | Monday 2:30pm - 3:30pm |  |
| **Math** | Tuesday 2:30pm - 3:30pm |  |
| **Science** | Tuesday 2:30pm - 3:30pm |  |

\_\_\_\_\_\_ I DO give my child permission to attend the Extended Day program & **I will provide reliable transportation from school at the end of each session.**

\_\_\_\_\_\_ I do NOT give my child permission to attend the Extended Day program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature Date**

Please contact your child's teacher(s) with any questions about the selection process or general extended day questions.

Thank you!

DCJH