

UPPER DAUPHIN AREA MIDDLE SCHOOL
Work Session Program

Name _____ Grade _____

➔ I will attend the Work Session Program session on Tuesday

_____ and/or Thursday _____.
(Date) (Date)

➔ The areas or projects that I will need assistance with are:

1. _____
2. _____
3. _____
4. _____
5. _____

(Student Signature) (Date)

Parents/Guardians: Please check one of the following means of transportation, sign the form, and return to the middle school office:

My child will return home on school transportation provided by the district that leaves at 4:15 p.m. from the middle school. **I understand the time my child arrives home may vary, depending on the number of students on the bus and the route taken by the driver.**

I will pick up my child at 4:15 p.m. from the middle school.

I understand that if my student is uncooperative he/she will be placed in detention. Repeated misbehavior may result in exclusion from work session.

(Parent/Guardian Signature) (Date)

(Phone number(s) where I can be reached during the day)