



## Schley County Elementary School

1997 U. S. Highway 19 South P. O. Box 900  
Ellaville, Georgia 31806

Phone: 229-937-0550 Fax: 229-937-5318  
[www.sce.schleyk12.org](http://www.sce.schleyk12.org)

Tee Reddish, Ed. S.  
Principal

Ann Marie DeVane, Ed. S.  
Assistant Principal

Jodie Leeder, Ed. S.  
Counselor

### Summer Support for Elementary School Students

Date: May 10, 2021

Parent/Guardian of \_\_\_\_\_,

Your son/daughter has been identified as needing improvement in either or both of the following areas:

Math                      English/Language Arts

Based on your child's currently assessed levels in Math or ELA, we feel additional instruction would help prepare them for success next school year. Instruction will be offered in half-day increments following the schedule below. **Transportation will not be provided by the school system.**

**The attached form will need to be filled out, signed, and returned to the Front Office Staff by Friday, 5-21-21.**

The schedule is below:

- **3 Weeks**
  - **Tues. 6-1, Wed. 6-2, Thurs. 6-3, & Fri. 6-4**
  - **Mon. 6-7, Tues. 6-8, Wed. 6-9, & Thurs. 6-10**
  - **Mon. 6-14, Tues. 6-15, Wed. 6-16, & Thurs. 6-17**
- **Daily Schedule**
  - 8:15-8:30: Arrival with Grab and Go Breakfast
  - 8:30: Instruction Begins
  - 10:30: Morning Break
  - 12:30: Dismissal (Students Will Have a Grab & Go Lunch)
- **Daily Arrival and Pickup Will Be at the Car Rider Loop.**
- **Attendance is mandatory.**

I highly encourage you to take advantage of this one-time support program. If you have any questions, please let us know. Thank you!

Sincerely,

Tee Reddish

## Summer Support Declaration Form

Student Name \_\_\_\_\_

Please place a check by the following below:

\_\_\_\_\_ My child will attend the Summer Support Program

\_\_\_\_\_ My child will **NOT** attend the Summer Support Program

Please have this form signed and back to their teacher by **Friday, 5-21-21.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date