

HUGOTON ELEMENTARY SCHOOL



304 EAST SIXTH STREET

HUGOTON, KANSAS

(620)544-4376

Extended Learning Day - Academic Referral Form Monday through Thursday 3:30p.m. to 5:00p.m

Student Name: _____

Grade _____

Teacher's Name _____

Specific Academic Assistance Required:

Please explain specific academic areas to be targeted:

Math:

Reading:

Homework Completion:

Parent Notification

This serves as notification that your child has been referred to an Academic Tutorial Extended Learning Day. Please read the information listed above that explains the reason(s) for this referral. Your child will be working on this academic subject to assist in the improvement and progress of your child's academic needs. Please check the following boxes available for your permission.

Accept - I _____ parent of _____
agree to have my child participate in the Academic Extended Learning Day.

Denied - I _____ parent of _____
do not agree to have my child participate in the Academic Extended Learning Day.

Parent's Signature: _____

Please sign and return