



ELEMENTARY CONTINUOUS LEARNING COVER SHEET

1

Student Name: _____

School: _____

Grade Level: _____ Teacher _____

2

PARENTS/GUARDIANS:

Please initial each activity that your student completes and return only this cover sheet to the feeding site. You may also fill out this form digitally and email it to your teacher.

3

WEEKLY ACTIVITIES:

May 4-15, 2020

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 11. _____ | 21. _____ |
| 2. _____ | 12. _____ | 22. _____ |
| 3. _____ | 13. _____ | 23. _____ |
| 4. _____ | 14. _____ | 24. _____ |
| 5. _____ | 15. _____ | 25. _____ |
| 6. _____ | 16. _____ | 26. _____ |
| 7. _____ | 17. _____ | 27. _____ |
| 8. _____ | 18. _____ | 28. _____ |
| 9. _____ | 19. _____ | 29. _____ |
| 10. _____ | 20. _____ | 30. _____ |

**YOUR TEACHERS WILL BE REACHING OUT
TO YOU DURING THIS TIME.**

