



“Attend Today, Achieve Tomorrow!”

Saturday Academy

LIMITED SPACE, RESERVE YOUR SPOT NOW!

We would like to invite your student to participate in our Saturday Academy! The Saturday Academy provides a day of enrichment opportunities for all students while allowing students to have the opportunity to achieve perfect attendance by making up their absences. Breakfast will be provided to all students.

Saturday Academy Date: _____ **Time: 8:00 a.m.-12:00 p.m.**

- **All students must have a permission slip to attend Saturday Academy**
- All School rules and dress codes apply
- Students must be prepared to learn
- Transportation is not provided
- **Students must be picked up on time @ 12:p.m.**

We thank you in advance for your continued support and cooperation in making your student’s academic career a priority!

ALL STUDENTS MUST HAVE A SIGNED PERMISSION SLIP TO ATTEND, ONE PER STUDENT.

PLEASE RETURN THE SECTION BELOW TO THE ATTENDANCE OFFICE BY WEDNESDAY, _____



SJUSD SATURDAY ACADEMY PROGRAM

Name of student: _____ (Please Print)

SCHOOL: _____ Grade: _____ Teacher: _____

My child will walk home: YES ___ NO ___ My student has specific health concerns: YES ___ NO ___ If YES, explain _____

What subject(s) will you be working on:

- | | | | |
|----------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Math | <input type="checkbox"/> Intervention | <input type="checkbox"/> Science | <input type="checkbox"/> PE |
| <input type="checkbox"/> English | <input type="checkbox"/> Music | <input type="checkbox"/> Computer Science | <input type="checkbox"/> Counseling Workshop |
| <input type="checkbox"/> History | <input type="checkbox"/> Dance | <input type="checkbox"/> Social Science | <input type="checkbox"/> Enrichment |

My signature below authorizes that I give my child permission to attend the Saturday Academy:

Parent Signature: _____ Print Name: _____

Phone #: _____