

Julie A. Rumschlag Dean

100 N. DuPont Road Wilmington, DE 19807 PH (302) 651-2700 FAX (302) 425-4594

CAB CALLOWAY STAY BALANCED CLUB PERMISSION SLIP

Students have been asking for a designated place to come study with friends and classmates after school for some time. This club has been set up to accommodate those students who wish to have a quiet, collaborative space where they can work on homework, study for upcoming tests, or complete make-up work for classes, AND to provide the opportunity for students to engage in Physical Activity and Yoga. Attendance for some students is required (with parent support) depending on grades in the student's academic classes throughout the year. Attendance will be taken each day. Students volunteering in the after school study club for honor society hours will be asked to tutor those students who are staying after due to academic support needs.

Meeting Specifics:

Location: Room 205

Sponsored by: Michelle Morton, Cristina Valcarcel - Mikijanic, Dan Kafader, and Amanda Curry Meets: Every Day after school from 2:50 - 5:00 (4:30 if taking Activity Bus)

Starts: Monday, September 18, 2017

Agenda for Each Meeting

2:50-3:00 Snack

3-3:50 Yoga and Exercise

3:50-5:00 Academics and Study Skills

Participation Rules:

Students who attend meetings are expected to:

- Bring a permission slip with their parent's signature on it indicating the days that they will attend the club.
- Bring your work, along with anything needed to complete it (i.e. texts, computers, calculators) to each meeting.
- Bring clothing and sneakers suitable for physical activity (gym clothes/uniform and sneakers).
- Collaborate with each other in a quiet manner.
- Be self-regulated and comfortable.
- Stay until the end of the meeting (5:00 pm) unless a parent or guardian checks in at the office to pick up their student early, or they need to catch the activity bus (in which case they will be dismissed with a bus pass at 4:30).

| Cut off bottom portion and return to school to Dr. Morton. Keep top portion for your records. | | | | | |
|-----------------------------------------------------------------------------------------------|--------------|---------------------------|------------|----|---|
| Student Name: | | | | | |
| Circle days you will be attending: | М | т | W | тн | F |
| List any classes of concern: | | | | | |
| Are you interested in tutoring for NHS o | r NJHS hours | s during this tim | ne? Yes No | | |
| If so, which class(es) can you help in? _ | | | | | |
| | | | | | |
| | | | | | |
| Parent/Guardian Name | | Parent/Guardian Signature | | | |

Emergency Phone :