YHS Academic Assistance Application 2009-2010

4 Weeks_____	Beginning_____	Ending_____
6 Weeks_____	Beginning_____	Ending_____
___ Weeks	Beginning_____	Ending_____

RATE: $15 per week

Make checks payable to Yorktown Schools – AAP

*** *** *** ***

Student Name: _____ Date: _____

Phone: _____ Grade: _____

My student needs Academic Assistance with: ___English _____Math ___Science

___ Combination: (Please identify areas) _____

My student understands it is their responsibility to bring their Agenda, books and materials/supplies and follow all school rules. It is important to stay on task, be quite, and respect the rights of others (stewardship). If I am absent from school, the parent/guardian will call 759-2597 or email Mrs. Watkins mwatkins@yorktown.k12.in.us.

Print Student Name: _____

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Contact Numbers Day: _____ Cell: _____

Evening: _____

Fee is due with the Application. You may pay for 4 or more weeks.
Turn in to: YHS Office or YHS Library
For questions call Mrs. Watkins
D: 759-2597 E: 765-779-4802