

# Reading Fleming Intermediate School

## Learning Lab Permission Form

The Learning Lab provides a quiet environment that enables students to access library resources and teaching staff to assist with homework assignments, projects, research, review and study.

Please note the following:

- ❖ Students are accepted into Learning Lab only with a signed permission slip from a parent/guardian. The lower section of this form must be completed and returned prior to attending.
- ❖ Students may enroll any time and drop out any time during the school year but only with written permission from a parent/guardian.
- ❖ Students may attend more than one session of Learning Lab per week.
- ❖ Students must bring their ChromeBook and other necessary materials and school work with them to the Learning Lab.
- ❖ Learning Lab is offered 3 afternoons a week on Mondays, Wednesdays and Thursdays from 3:15 to 4 pm and 2 mornings a week on Tuesdays and Wednesdays from 7 to 8 am on the schedule noted below with the exception of Winter/Spring breaks, holidays, early dismissal days and snow contingency dates.

\*Session 1: September 19, 2022 - December 15, 2022

Session 2: January 19, 2023 - March 16, 2023

Session 3: March 27, 2023 - June 8, 2023

**\*THERE WILL BE NO AM or PM LEARNING LAB WEEK OF DECEMBER 5TH THROUGH DECEMBER 9TH DUE TO PARENT-TEACHER CONFERENCES.**

- ❖ If the student does not conduct himself/herself in a respectful manner with proper behavior, the parent will be notified. Disciplinary action may include dismissal from the program.
- ❖ The parent/guardian is responsible for transporting the student to and from the Learning Lab. Students must be picked up promptly at 4 pm. Continued lateness may result in dismissal from the program.
- ❖ If the child attends the YMCA before or after care programs, parents/guardians are responsible for notifying the YMCA of the days and times the child will attend Learning Lab.

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Please check all sessions that student will attend:

**Morning Sessions (7 to 8 am):**       Tuesdays     Wednesdays

**Afternoon Sessions ( 3:15 to 4 pm):**     Mondays     Wednesdays     Thursdays

Student's Name (Print) \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

ParentGuardian phone number during Learning Lab hours \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

Emergency contact during Learning Lab hours: \_\_\_\_\_

My child is a walker and has permission to walk home after Learning Lab:     Yes       No

Parent/Guardian Signature: \_\_\_\_\_