

Dear Parents –

One or more of your children has been invited to attend an after-school program offering help in Reading. Letters were sent home on Monday. If you have already returned the blue permission form, please disregard this message.

A copy of the letter and permission form is attached to this document. If you would like another copy, you can either print this, or request another copy from your child's teacher.

If you have more than one child and would like to clarify which child was invited, please contact Stefania Kahler at 321-725-0070, ext 5111, or email at [kahler.stefania@brevardschools.org](mailto:kahler.stefania@brevardschools.org).

Thank you!

# Port Malabar Elementary Elementary School

October 3, 2016

To the Parent of: \_\_\_\_\_:

Beginning October 17, 2016 Port Malabar will offer an after school program for students in 3rd through 6th grade. This program, called the Academic Support Program (ASP), is designed to improve reading skills for those who are below grade level or need extra assistance with reading skills. Classes will be held on **Mondays and Tuesdays** (see selected dates below) **from 2:45 – 3:45 pm**. Students will leave class at the 2:40 bell and report to their ASP room. We believe that by providing additional assistance to your child throughout the school year, improvement can be made and feel that your child would benefit from this extra help.

Transportation **must** be provided by the parents, as there will be no bus transportation services provided for this afternoon program. **It is very important that your child is picked up promptly at 3:45 pm in the front car loop. If your child rides a bike or walks, please be aware that there are no crossing guards on duty this late in the afternoon. Please feel free to call the school to inquire about after school care.**

Students are expected to have good attendance (commitment of 16 days), be picked up on time (3:45 pm) and have good behavior in order to continue in ASP. **Students who do not follow guidelines may be dismissed to make room for students who wish to participate.**

Attendance: Parents please follow the communication procedures for absences within 48hrs

Absent 1<sup>st</sup> Time – Note to teacher: Sick, Family or extenuating circumstance

Absent 2<sup>nd</sup> Time – Parent phone call to ASP Coordinator

Absent 3<sup>rd</sup> Time – Parent Conference, Possible removal from program

Please mark and sign the attached permission form and return it to school as soon as possible. Please keep the attached calendar for your records. If your child is unable to attend please indicate the reason why to help us better assist your child. If you have any questions, please feel free to contact the school.

Respectfully Yours,

Stefania Kahler

Academic Support Program Coordinator

## ASP Calendar: Reading Dates

October: 17, 18, 24, 25, 31

November: 1, 7, 8, 14, 15, 28, 29

December: 5, 6, 12, 13

# Port Malabar Academic Support Program

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October: 17, 18, 24, 25, 31

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Student \_\_\_\_\_ Grade \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

\_\_\_\_\_ Yes, I give permission for my child to attend the Academic Support Program indicated above. Please mark transportation arrangement below:

\_\_\_\_\_ Walker/Bike Rider

(Students will not be dismissed during lightening according to district policy. Please make arrangements for this situation)

\_\_\_\_\_ Parent Pick-up at 3:45 pm

\_\_\_\_\_ Brevard After School Care (Prior registration, fees apply)

\_\_\_\_\_ No, my child will be unable to participate in this program as indicated below:

\_\_\_\_\_ Transportation is a problem.

\_\_\_\_\_ Day(s) not convenient.

\_\_\_\_\_ Time is not convenient.

\_\_\_\_\_ Other: Please give us feedback: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PRINT: Parent Name

\_\_\_\_\_  
CONTACT PHONE #'s

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date