



2017-2018

STS Student After School Plan

My child: _____ in Grade: _____
(please print first and last name)

Room: _____ Teacher Name: _____

will normally do the following after school (please mark with a check mark, your child's regular plan) and indicate an after school program in the appropriate day/column. This will assist your child's homeroom teacher at dismissal each day.

Normal after school procedure	Monday	Tuesday	Wednesday	Thursday	Friday
Ride the bus					
Walk home					
Be a car rider					
Go to STEP (forms to be filled out)					
After School Program*					

* Please name the after school program in the appropriate day/column. For example: Chess, Art, Intramurals, etc.

Daytime phone: _____

Parent signature: _____ Date: _____

Should there be a change in these after school plans during the school year, please submit an updated form to your child's homeroom teacher. Thank you!