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| http://bms.mcpsweb.org/wp-content/uploads/Trojan.jpgDr. Paige K. Lacks, Ed.D.Principal | **Bluestone Middle School**250 Middle School RoadSkipwith, VA 23968-2313Telephone: (434) 372-3266Fax: (434) 372-3362Website: http://bms.mcpsweb.org/ | http://bms.mcpsweb.org/wp-content/uploads/Trojan.jpg Dominique Sturdifen Assistant Principal |

**AFTER SCHOOL REMEDIATION 2018-2019**

February 20, 2019

Dear Parents/Guardians,

Bluestone Middle School is proud to announce that we will be having after school remediation beginning in March. We know that this remediation will be enriching and help prepare your student for the Standards of Learning (SOL) tests in the May.

This program will run from **March 4th**- **May 1st**. Remediation and instructional activities will take place every **Monday** and **Wednesday**.

* 3:35-4:00 p.m.- Snack (provided free for all after school students)
* 4:00-5:25 p.m.- Remediation
* 5:30 p.m.- Dismissal

**We can’t wait to see your child after school!**

**\*\*IMPORTANT NOTE\*\***: *Students can only be excused from after school by a letter from home.  Otherwise, students will be held from dismissal at 3:35 p.m. Students should have their homeroom teacher place excuse letters in the attendance folder.*

*The administration, staff, students, parents, and community of Bluestone Middle School will build and promote a culture of mutual respect and integrity that nurtures student success.*

**Bluestone Middle School**

 **After School Remediation**

**2018-2019**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_

Gender:  Male\_\_\_\_\_\_\_      Female: \_\_\_\_\_\_\_          Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my child permission to participate in the after school program at Bluestone Middle School.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature & Date

**Transportation Information:**\_\_\_\_My child needs bus transportation.

Address for drop off:

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

\_\_\_\_My child will be picked up from the school. *(Pick up will take place at the parent drop off/pick up drive for car riders* ***at 5:30*** *p.m.  Please be prompt.)*

**Insurance Information:**

I understand that I accept liability for any injury that may occur. The insurance information that may be used in case of an emergency is as follows:

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insured Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (food, medicine, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Numbers:**

Phone numbers that may be used to contact me in the case of an emergency are as follows:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_

                   Parent/Guardian

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_

               Person to be contacted if I cannot be reached

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_**