



SHIVELA MIDDLE SCHOOL

24515 Lincoln Avenue Murrieta, CA. 92562
Phone: (951) 696-1406 Fax: (951) 304-1643

(PASS) Panther Academic Support Saturday School will be held on **Saturday, _____ 2018 ~2019 School Year.** Time would be from 8:00 a.m. through 12:15 p.m. We see this program as an additional avenue of support to students for a successful year. Please submit your forms no later than Thursday, _____.

Shivela teachers will be available to help provide support for all classes—to allow students to make up tests, assignments, and to work one-on-one when possible. **Students must bring enough work for 4 hours.** Students will receive an invitation from their teachers, a parent-signed permission slip must be turned in to Student Services by the Thursday prior to PASS in order to receive a lunch. **Students who attend must remain at school for the entire 4 hours and 15 minutes (unless absolute emergency).**

All students are offered a lunch on the same daily program that they use to purchase food (i.e., student account, free or reduced programs). We do require you to confirm if your child would like a lunch so that an accurate count may be given in advance to Food Services. *If you mark "yes" for lunch, you must indicate whether or not your child has special dietary needs.* Also, please note that **if you mark "yes" for a lunch, whether your child comes to PASS or not, the cost of the lunch will be charged to your account.** Also, lunch is served at the end of the day. Students can bring a snack for break time.

LUNCH

Requesting a lunch: Yes No

If yes, any special dietary needs or allergies? Yes No

If yes, please list dietary restrictions: _____

Please mark your selection:

Peanut butter and jelly snack pack _____

Turkey sub sandwich _____

White milk _____ Chocolate milk _____

All Lunches include: Carrots, an apple, and a water bottle.

By signing below, I agree to allow my child to attend the **Panther Academic Support Saturday (PASS).** The purpose of this program is to provide additional academic support to those students with absences during the school year. The goal of this program is not to punish students for poor grades, but rather to intervene and provide support for students that need additional assistance. Also, that the students are prepared for high school, and that preparation starts with success in their middle school courses.

Student Name: _____ **Grade:** _____
(Print)

Parent Signature: _____ **Date:** _____

Referring Teacher: _____

Preferred Subject/Teacher: _____

Admin Use Only	
Date of Absence:	_____
Reason Code:	_____
PASS Teacher:	_____