

StudentID# _____ School# _____

Rule #(s) _____ Grade _____

Days Assigned _____

**PULASKI COUNTY SPECIAL SCHOOL DISTRICT
SATURDAY SCHOOL NOTICE**

Dear Parent/Guardian:

Your student _____, has been assigned to Saturday School for a period of _____ day(s) for the following reason(s):

The purpose of Saturday School is to provide students an opportunity to remain in school while addressing behavioral and academic concerns. Saturday School may be assigned depending upon the rule violated as determined by the administration.

Should your student NOT attend Saturday School the out of school suspension will be effective on the date(s) of _____ through _____. Your student may return to school on _____. Class work missed during those days cannot be made up.

The Saturday School date(s) will be _____. The hours are from 8:00 a.m. until 12:00 p.m. each Saturday morning.

It should be clearly understood that your student faces immediate out of school suspension for the next (3) days that school is in session, if he/she is in violation of any of the following:

- 1. failure to attend
- 2. misconduct during the Saturday session
- 3. failure to arrive fully prepared with enough books and supplies for a full four hours work

This is an alternative program offered by the Pulaski County Special School District to keep students in school and to provide study assistance. Your full cooperation is imperative for this program to benefit your student. Your parental signature authorizes your student to attend Saturday School. This form must be presented to the teacher in charge upon arrival.

_____ Assigning School Name _____ Principal Signature _____ Date

SATURDAY SCHOOL PERMISSION SLIP

Student _____ Date _____

I agree to have my student attend the Saturday School on the date(s) listed above and will see that he/she is in attendance and on time each date. I understand that transportation to and from Saturday School is my responsibility. I also understand that my student could have his/her date(s) extended by one Saturday if he/she is late or not picked up by 12:00 p.m.

_____ Saturday School Location _____ Parent/Guardian Signature

_____ Saturday School Location Address / Phone Number _____ Parent/Guardian Daytime Phone Number(s)