

## 2018-2019 NORTH CANYON ATB REGISTRATION FORM

Return form ATB Office-Library

Cafe # \_\_\_\_\_  
For ATB Use**7:00 AM Monday-Friday OPEN Library****2:10-2:30 PM Monday-Thursday CAFE: Meal provide****2:30-3:30 PM Monday-Thursday MEDIA: Tutoring- General Study Hall & Athletic Study Hall**

Student ID: \_\_\_\_\_ Sport/Club/Class \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Nombre del estudiante) (Grado)English Teacher \_\_\_\_\_ Math Teacher \_\_\_\_\_  
(Maestra de ingles) (Maestra de matemática)Address \_\_\_\_\_ City/Zip code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Dirección) (Código postal) (Teléfono)Emergency contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Nombre de contacto en caso de emergencia) (Teléfono)Parent Email address 1) \_\_\_\_\_ 2) \_\_\_\_\_  
(Correo Electrónico de Padres)Allergies (Alergias conocidas del estudiante)  Yes (si)  No (no) If yes, please list allergies --- (Por favor indique alergias)How will your child get home:  Walk  Parent pick-up  Bus (if eligible)  Other: \_\_\_\_\_  
Cómo llegará su hijo[a] a casa: (Caminando) (Alguien lo recogerá) (En autobus, si es elegible) De otra manera

### 3:30 pm ATB NCHS Late School Bus - Flagpole Front School

#### North Canyon Bus Stops: (Escoja la parada del autobús de su hijo(s))

- |   |   |
|---|---|
| 1. Eagle Ridge ES – 19801 N. 13 <sup>th</sup> S _____ | 4. Palomino ES – 15833 N. 29 <sup>th</sup> St _____ |
| 2. Cactus View ES – 17602 N. Central Ave _____        | 5. Greenway MS – 3002 E. Nisbet Rd _____            |
| 3. Aire Libre ES – 16428 N. 21 <sup>st</sup> St _____ | 6. Vista Verde MS – 2826 E. Grovers _____           |

I give PVUSD permission to allow the use of my child's photo/image in PVUSD related printed materials.  Yes  No  
(Doy permiso para que la foto/imagen de mi hijo(a) sea usada en materiales impresos relacionados con PVUSD.)

I give permission for my student to participate in the After the Bell (21st CCLC) programs. I understand that the school assumes no other responsibility than the exercise of prudent supervision. All medical expenses will be covered by my own medical provider.

(Concedo permiso para que mi estudiante participe en los programas de After the Bell (21st CCLC). Comprendo que la escuela no asume más responsabilidad que la de una prudente supervisión. Todos los gastos médicos serán cubiertos por mi proveedor de servicios médicos).

Parent's or Legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_  
(Firma de uno de los padres o tutor) (fecha)

# after the bell

## 2018-2019 “ATB” Scholar Contract

Student ID \_\_\_\_\_ Sport, Club, Class \_\_\_\_\_

Student Name \_\_\_\_\_

**Please read each line, sign and date at the bottom showing you understand your responsibilities.**

I understand it is my responsibility to come on time and check in upon arrival. (No later than 2:20 pm).

I understand it is my responsibility to bring the items I need to complete my assignments. (pen, pencil, books, paper, etc.)

I understand it is my responsibility to be respectful of my peers and the ATB instructors.

I understand that all school rules and policies apply to overtime and failure to adhere to these expectations may result in removal from Overtime.

I understand that the “meal” I am receiving is a privilege. I will be responsible and clean up after myself and not abuse the privilege.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

