***Learning Lab* Daily Schedule**

Please fill out as much information as possible and bring with you each day

|  |  |
| --- | --- |
| Name of Student | Click here to enter text. |
| Grade Level | Click here to enter text. | Name of School | Click here to enter text. |
| Date attending | Click here to enter text. |
| Day of Week | [ ] Monday [ ] Tuesday [ ]  Wednesday [ ] Thursday [ ] Friday |
| Expected arrival time | Click here to enter text. |
| Expected departure time | Click here to enter text. |
| Lunch Option | [ ] Bringing Lunch [ ]  Purchased Regular Lunch [ ]  Purchased Vegetarian Lunch |

**Student information:**

**Anticipated schedule:**

Please include class schedule, if known, such as time required to be online, lunch time, recess, etc.

|  |  |
| --- | --- |
| 7:30 AM – 8:00 AM | Click here to enter text. |
| 8:00 AM – 9:00 AM | Click here to enter text. |
| 9:00 AM – 10:00 AM | Click here to enter text. |
| 10:00 AM – 11:00 AM | Click here to enter text. |
| 11:00 AM – 12:00 PM | Click here to enter text. |
| 12:00 PM – 1:00 PM | Click here to enter text. |
| 1:00 PM – 2:00 PM | Click here to enter text. |
| 2:00 PM – 3:00 PM | Click here to enter text. |
| 3:00 PM – 4:00 PM | Click here to enter text. |
| 4:00 PM – 5:30 PM  | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| My child can be on electronic devices after school | [ ] **Yes** | [ ] **No** |

**Additional information:**

Provide additional information that we may need to ensure your child’s success (test? issues? questions?)

|  |
| --- |
| Click here to enter text. |