

Zero Hour Registration Form

(Please return form to the Office, or send with your student to the first class they attend)

Student Name: _____

Name of Class (Please send one form per class):

Grade: _____ Teacher: _____

Parent/Guardian Contact Number: _____

Address: _____

Parent Signature: _____

My signature indicates that I give permission for my student to attend the Zero Hour class indicated above.

PLEASE CHECK THE CALENDAR CAREFULLY BEFORE SENDING YOUR STUDENT!

The Zero Hour Calendar is available on the front page of the TES website. If your student arrives on a day that the class they registered for is not held, they will be asked to call their parent to come back and pick them up.

