



LACONIA SCHOOL DISTRICT
2008/2009 Project EXTRA! AFTER-SCHOOL PROGRAMS
Interest Form
September 2008

Date: _____

Student name: _____

School: _____

Grade and teacher: _____

___ I would like my child to attend the Project EXTRA! After-School Program all five days.

___ I would like my child to attend the Project EXTRA! After-School Program only on the following days _____.

___ My child will not be able to attend Project EXTRA! if transportation is not provided.

If transportation is required for your child, please list the name of the person, the address and the phone number where your child will be dropped off. (Please note: There is a \$5 per week transportation fee in addition to the weekly fee of \$35.)

Name _____

Address _____

Phone Number _____