

Pinellas Park Middle School Extended Learning Program (ELP)

Date _____

In order for your child to participate in ELP, please complete and return the entire application to the grade level counselor.

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I would like my child,	,to be		
enrolled in the before and/or after school Extended Learning	g Program. By enrolling my child in		
ELP, I acknowledge the following:	dia amanda di a mandaha da		
 ★ ELP is a voluntary program and by attending my child ★ Transportation is not provided and the student must 			
may result in dismissal from the program.	be picked up by 5.20pm, failure to do so		
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Please <u>circle</u> the subject and days you would like you			
Please note if you would like your child to attend more that day(s) they will be attending that subjections			
Reading- Tuesday, Wednesday	7:45am-8:45am		
Pre AP World History and Geography-Tuesday, Thursday	4:20pm-5:20pm		
<u>US History</u> -Tuesday, Wednesday, Thursday	4:20pm-5:20pm		
World History-Tuesday, Wednesday, Thursday	4:20pm-5:20pm		
<u>Civics</u> -Tuesday, Wednesday, Thursday	4:20pm-5:20pm		
Math- Monday, Tuesday, Wednesday, Thursday, Friday	7:45am-8:45am		
Math-Monday, Tuesday, Wednesday	4:20pm-5:20pm		
Science-Tuesday	7:45am-8:45am		
Science-Thursday	4:20pm-5:20pm		
<u>Language Arts</u> -Tuesday, Wednesday	4:20pm-5:20pm		
ESOL-Wednesday	7:45am-8:45am		
ESOL-Tuesday, Thursday	4:20pm-5:20pm		
How will your child get home? Walk Picked-Up			
Parent/Guardian Name (please print):			
Parent/Guardian Signature			

Contact Number _____