



Sabin SUN School Class REQUEST Form – Fall 2025



Student Name _____ Student grade: _____

PLEASE NOTE: This is just the **REQUEST FORM**. You will receive an email with either a SUN confirmation or a waitlist notice on September 26th.

Request forms must be turned in to the SUN box in the main office or emailed to Rachel by **3pm Friday, September 19th**. She can be reached at rachelc@selfenhancement.org

MONDAY

2:30-4:00pm

1st choice _____ 2nd choice _____

4:00-4:45pm

1st choice _____

TUESDAY

2:30-4:00pm

1st choice _____ 2nd choice _____

WEDNESDAY

2:30-4:00pm

1st choice _____ 2nd choice _____

4:00-4:45pm

1st choice _____

THURSDAY

2:30-4:00pm

1st choice _____ 2nd choice _____

Student Information

Student Name _____ Date of Birth _____ / _____ / _____

25/26 Teacher _____

Email Address (important!) _____ Phone _____

I have read and understand the Behavior Agreements and Late Pick up Policy:

Parent/Guardian Signature: _____

I understand if I receive a confirmation email that my child is in SUN, I MUST fill out a digital SEI/SUN enrollment form in order for my child to participate (form will be emailed to me).

Parent/Guardian Signature: _____