

Sabin SUN School Class REQUEST Form

Student Name _____ Student grade: _____

PLEASE NOTE: This is just the **REQUEST FORM**. If your student is picked in the lottery you will receive a confirmation email with a schedule and a link to a **Digital SEI Enrollment** form that will need to be filled out before programming. Request forms must be turned in to the SUN box in the main office or emailed to rachelp@selfenhancement.org by **3pm September 22nd**.

MONDAY

3:15-4:30

1st choice _____ 2nd choice _____

TUESDAY

3:15-4:30

1st choice _____ 2nd choice _____

4:30-5:15

1st choice _____

WEDNESDAY

3:15-4:30

1st choice _____ 2nd choice _____

THURSDAY

3:15-4:30

1st choice _____ 2nd choice _____

4:30-5:15

1st choice _____

Student Information

Student Name _____ Date of Birth _____ / _____ / _____

22/23 Teacher _____

Email Address _____ Phone _____

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

Parent/Guardian signature: _____

