

# Zero Hour Registration Form

*(Please return form to the Office)*

Student Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

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 Activities Tab 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. Please do not drop off students before the Office doors unlock at 8:00 am.**



Leadership