

TWISTER LEARNING LAB PERMISSION FORM

OKLAHOMA ROAD MIDDLE SCHOOL

DUE TO MR. HOPKINS BY 10/28/20

Dear Parent/Guardian,

The Twister Learning Lab is an after-school opportunity designed to offer students additional assistance with their homework and class work. Teachers and staff members are available to help students be successful. Due to social distancing requirements, students may be in a variety of areas within the building for the learning lab. Space is limited and is offered on a first come, first serve basis. We need to limit the number of students in each classroom area for this learning opportunity.

- **Twister Learning Lab meets in the media center on Tuesdays and Thursdays at ORMS from 3:15pm-4:15pm.**
- **Students in the building on Purple/A Cohort days will attend on Tuesdays.**
- **Students in the building on Grey/B-Cohort days will attend on Thursdays.**
- **Students who remain virtual will be able to get assistance online on Wednesdays.**
- **Twister Learning Lab will begin on November 4 for virtual sessions and November 5 for in person sessions.**

If you are interested in having your child participate in the Twister Learning Lab, please print the permission slip and email it to Mr. Hopkins at jphopki@carrollk12.org. We are very excited to work with you and your child! Please call us if you have any questions.

Thank you,
Janel Fosnot, Principal

Please print and scan back to Mr. Hopkins at jphopki@carrollk12.org by Wednesday 10/28.

My child _____ is in _____ grade and is in the Purple/A-Cohort Grey/B-Cohort (**circle the appropriate cohort for your child**) has my permission to Participate **in person** in the Twister Learning Lab at ORMS from 3:15 p.m.-4:15 p.m. on Tuesdays OR Thursdays. 11/5, 11/10, 11/12, 11/17, 11/19,11/24, 12/3, 12/8, 12/10, 12/15,12/17

My child _____ is in _____ grade and is in the Purple/A-Cohort Grey/B-Cohort (**circle the appropriate cohort for your child**) has my permission to Participate **Virtually** online from 3:15 p.m.-4:15 p.m. on Wednesdays 11/4, 11/11,11/18,12/2, 12/16

Medical Concerns: _____

*I understand that I am responsible for picking up my child at **4:15 pm** from the main entrance of Oklahoma Road Middle for the in-person sessions. **Continued failure to pick my child up promptly after Twister Learning Lab can result in dismissal from the club.***

Parent Signature: _____ Date: _____

Home Phone #: _____ Cell #: _____ Work #: _____