



2018-19 FAST

Student/Parent Referral Form

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Phone Number: _____

I would like my student to attend FAST (complete the tables below)

Week of _____:

	Date	Subject (one subject per day)
Tuesday		
Wednesday		
Thursday		

Week of _____:

	Date	Subject (one subject per day)
Tuesday		
Wednesday		
Thursday		

How will the student get home?

- Parent Pickup
- Walk
- Ride academic bus (4:40)

Parent/Guardian Signature: _____ Date: _____

Or

- Parent contact by Glover Staff Member for permission to attend FAST
 - o Staff Member's Name _____
 - o Date/Time of contact _____

Return completed form the Main Office prior to attending FAST

Students need a new referral/permission form every two weeks