

ACA Study Hall Add/Drop Form for 2015-16 Academic Year

Student's Name _____ Grade _____ ES Name _____

Contact phone: _____ Contact email: _____ Date: _____

Study Hall is required for any 7th-12th grade student with an open hour on their schedule unless they are with their parent. If students have 30 minutes in between classes, they are required to sign-up for a 30 minute time slot. To Add/Drop a Study Hall, turn this form in to the office.

* **ACA Fees** - There will not be any allotment charge for the 30 minute time slot; however, for students requiring one hour time slots, the allotment fee is \$35.00 per one hour sessions and should be indicated by signing up for consecutive time periods (ie: Student needs 30 minutes at 9:00 on Monday – sign student up but no allotment fee. Student needs one hour from 10:30 to 11:30 – sign up for the 10:30 slot and the 11:00 slot – the allotment fee is \$35.00).

Add/Drop	Section ID	Days	Period	Time	Teacher	Credit	ACA Fees
	SH Mon 9:00-9:30	Mon	3	9:00-9:25	Staff	N/A	*
	SH Mon 9:30-10:00	Mon	4	9:30-9:55	Staff	N/A	*
	SH Mon 10:00-10:30	Mon	5	10:00-10:25	Staff	N/A	*
	SH Mon 10:30-11:00	Mon	6	10:30-10:55	Staff	N/A	*
	SH Mon 11:00-11:30	Mon	7	11:00-11:25	Staff	N/A	*
	SH Mon 11:30-12:00	Mon	8	11:30-11:55	Staff	N/A	*
	SH Mon 12:30-1:00	Mon	10	12:30-12:55	Staff	N/A	*
	SH Mon 1:00-1:30	Mon	11	1:00-1:25	Staff	N/A	*
	SH Mon 1:30-2:00	Mon	12	1:30-1:55	Staff	N/A	*
	SH Mon 2:00-2:30	Mon	13	2:00-2:25	Staff	N/A	*
	SH Mon 2:30-3:00	Mon	14	2:30-2:55	Staff	N/A	*
	SH Mon 3:00-3:30	Mon	15	3:00-3:25	Staff	N/A	*
	SH Tues 9:00-9:30	Tues	3	9:00-9:25	Staff	N/A	*
	SH Tues 9:30-10:00	Tues	4	9:30-9:55	Staff	N/A	*
	SH Tues 10:00-10:30	Tues	5	10:00-10:25	Staff	N/A	*
	SH Tues 10:30-11:00	Tues	6	10:30-10:55	Staff	N/A	*
	SH Tues 11:00-11:30	Tues	7	11:00-11:25	Staff	N/A	*
	SH Tues 11:30-12:00	Tues	8	11:30-11:55	Staff	N/A	*
	SH Tues 12:30-1:00	Tues	10	12:30-12:55	Staff	N/A	*
	SH Tues 1:00-1:30	Tues	11	1:00-1:25	Staff	N/A	*
	SH Tues 1:30-2:00	Tues	12	1:30-1:55	Staff	N/A	*
	SH Tues 2:00-2:30	Tues	13	2:00-2:25	Staff	N/A	*
	SH Tues 2:30-3:00	Tues	14	2:30-2:55	Staff	N/A	*
	SH Tues 3:00-3:30	Tues	15	3:00-3:25	Staff	N/A	*
	SH Wed 9:00-9:30	Wed	3	9:00-9:25	Staff	N/A	*
	SH Wed 9:30-10:00	Wed	4	9:30-9:55	Staff	N/A	*

Continued on other side

Add/Drop	Section ID	Days	Period	Time	Teacher	Credit	ACA Fees
	SH Wed 10:00-10:30	Wed	5	10:00-10:25	Staff	N/A	
	SH Wed 10:30-11:00	Wed	6	10:30-10:55	Staff	N/A	*
	SH Wed 11:00-11:30	Wed	7	11:00-11:25	Staff	N/A	*
	SH Wed 11:30-12:00	Wed	8	11:30-11:55	Staff	N/A	*
	SH Wed 12:30-1:00	Wed	10	12:30-12:55	Staff	N/A	*
	SH Wed 1:00-1:30	Wed	11	1:00-1:25	Staff	N/A	*
	SH Wed 1:30-2:00	Wed	12	1:30-1:55	Staff	N/A	*
	SH Wed 2:00-2:30	Wed	13	2:00-2:25	Staff	N/A	*
	SH Wed 2:30-3:00	Wed	14	2:30-2:55	Staff	N/A	*
	SH Wed 3:00-3:30	Wed	15	3:00-3:25	Staff	N/A	*
	SH Thur 9:00-9:30	Thur	3	9:00-9:25	Staff	N/A	*
	SH Thur 9:30-10:00	Thur	4	9:30-9:55	Staff	N/A	*
	SH Thur 10:00-10:30	Thur	5	10:00-10:25	Staff	N/A	*
	SH Thur 10:30-11:00	Thur	6	10:30-10:55	Staff	N/A	*
	SH Thur 11:00-11:30	Thur	7	11:00-11:25	Staff	N/A	*
	SH Thur 11:30-12:00	Thur	8	11:30-11:55	Staff	N/A	*
	SH Thur 12:30-1:00	Thur	10	12:30-12:55	Staff	N/A	*
	SH Thur 1:00-1:30	Thur	11	1:00-1:25	Staff	N/A	*
	SH Thur 1:30-2:00	Thur	12	1:30-1:55	Staff	N/A	*
	SH Thur 2:00-2:30	Thur	13	2:00-2:25	Staff	N/A	*
	SH Thur 2:30-3:00	Thur	14	2:30-2:55	Staff	N/A	*
	SH Thur 3:00-3:30	Thur	15	3:00-3:25	Staff	N/A	*

_____ (Parent Initials) I, the parent, have determined that this change will put my student over allotment; and understand that I will be required to pay any Allotment Overage.

ES Signature: _____ Parent Signature: _____