

2018-2019 Student Extra Class Form

*For onsite classes with fewer than 12 students enrolled.



Date: _____

Requested By: _____

Phone: _____

For Student: _____

Consultant's Name: _____



Semester 1 or 2	Day	Time	Class Title	Total	Funds Available Yes or No
				\$100.00	
				\$100.00	
				\$100.00	
				\$100.00	

By submitting this request, you are attesting that there are funds available to cover the requested extra classes. Funds will be deducted from the student learning budget. The request will be approved if sufficient funds are available from the listed student's learning budget.

Principal/Supervisor Approval

Date

OFFICE USE ONLY		
Enrolled on WINGS		
Student Fund Deducted:		

Total Charged to Student Fund: _____