

Virtual Academy After School Contract

I, _____, have agreed to come to the Virtual Academy after school. I am aware that the hours after school are Monday thru Thursday 3pm to 6pm.

I will attend on the following days:

Monday



Tuesday



Wednesday



Thursday



I will stay at least _____ hour(s).

This Agreement is made this _____ day of _____, 20_____.

Student Address:

Student Name

Student Signature

Teacher Signature

Date

Parent Signature

Date