Dear Parent/Guardian,

Attached is the application form for our Extended Learning Opportunity (ELO) 10th Grade Student Program. We are honored that you have chosen our program to help in creating a path towards academic success for your child. Please see information below regarding the process for entry into the program.

- **Eligibility:** The ELO program is intended for 10th grade students who want to improve their academic performance. Students will be allowed to select one course (Math, English, Social Studies, Science) to receive assistance, and they will receive support in that area three times a week.

- **Academic:** ELO’s goal is to help your child improve his/her academic skills in the areas of math, English, social studies, or science. Please note that the primary focus of the program is to help your child strengthen his/her skills as identified through the assessment. Students are responsible for completing their assignments daily.

- **Attendance:** The program will commence on February 17, 2021 and will end on May 21, 2021. The days of operation will be Monday, Wednesday, and Thursday from 4:30 to 6:30 each day. ELO recognizes that there will be times when it is necessary for a student to miss a session. However, regular attendance is required in order to provide the most beneficial service. **If a student is absent twice without notification, he/she will be withdrawn.** Also note that the program is closed when PGCPS schools are closed – this includes teacher workdays and holidays.

At ELO, we believe that parents/guardians are a child’s first teacher. We are looking forward to this collaboration with you, PGCPS, and our staff where together we will be working to ensure your child’s academic success.

Please sign your name that you have read and understood these guidelines:

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<thead>
<tr>
<th>Parent/Guardian’s Name</th>
<th>Date</th>
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<table>
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<tr>
<th>Student’s Name</th>
<th>Student ID#</th>
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Sincerely,

Dr. Portia Bookhart
ELO Coordinator
portia.bookhart@pgcps.org
Please print neatly on the application.

**STUDENT INFORMATION:**

Student Name: ______________________________________________________________________________

Date of Birth: _______________ Age: __________ Sex: __________

School Attending: __________________________________________________________________________ Grade: __________

Student Email: ____________________________________________________________________________

Student Phone Number: ______________________________________________________________________

**PRIMARY SUBJECT IN WHICH ASSISTANCE IS BEING REQUESTED:** (please select 1st choice and 2nd choice)

Math ___  English___  Social Studies ___  Science____

**Previous Academic Performance:**

**MATH:**
Quarter one grade_____________ Quarter two grade_____________ TEACHER______

**ENGLISH:**
Quarter one grade_____________ Quarter two grade_____________ TEACHER______

**SCIENCE:**
Quarter one grade_____________ Quarter two grade_____________ TEACHER______

**SOCIAL STUDIES:**
Quarter one grade_____________ Quarter two grade_____________ TEACHER______

**Virtual Equipment Checklist**

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<thead>
<tr>
<th>Equipment</th>
<th>Available</th>
<th>Not Available</th>
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<td>Webcam</td>
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Parent/Guardian Information:

Parent/Guardian ____________________________________________

Address: ____________________________________________________

City: __________________________ State: ___________________________ Zip: __________

Home Telephone No.: __________________ Work No.: __________________

Cell Phone No.: __________________________ E-mail: __________________

The best way to contact me is: □ cell phone □ home phone □ e-mail

*Emergency Contact (REQUIRED)

Name________________________ Phone Number: _________________

How did you hear about ELO’s academic program? □ school □ friend □ PSA □ other ______________

Does your child receive Exceptional Children’s Service and/or have an IEP: □ No □ Yes (if yes, please specify)
_____________________________________________________________________________________

Please note any learning challenges that the teacher would need to know about to best assist your child.
_____________________________________________________________________________________

Additional Information that would be helpful in working with your child:
_____________________________________________________________________________________

Parent/Guardian Agreement – Please initial:

_____ I give the ELO Program permission to obtain academic information from my child’s PGCPS Records.

_____ I give the ELO permission to communicate with PGCPS officials (ie: teachers, counselors, social workers, etc.)

_____ I understand that I will be responsible for my child’s transportation to and from the program (should we resume in person learning) and that their representatives may not transport my child at any time during the program.

_____ I understand that failure to promptly pick up my child( should we resume in person learning) from each session could result in dismissal from the program.

_____ I understand that if my child is absent twice without notification, they may be terminated from the program.

Parent Signature: __________________________ Date: __________________________