SALT Educational Co-op **2019-2020 Class Selection Form**

Family Name:					Fami	ly ID:
Student Name:		Student's DOB:	Grade Entering:		Student ID:	
	must fill in <u>all hours</u> . For each ho ne free hour per day, in addition to	ur, note the name of the class studen o lunch.	t will be attending, "study hall	", "free hou	ur" or "off camp	ous" as appropriate.
		TUESDAY				
a	Class Name			Materials Fee		Monthly
Class Time		Tut	tor	\$	✓	Tuition
1st period (8:30 - 9:25)						
2 nd period (9:35 – 10:30)						
3 rd period (10:40 - 11:35)						
4 th period (12:30 - 1:25)						
5 th period (1:35 - 2:30)						
6th period (2:40 – 3:35)						
		THURSDAY				
Class Time	Class Name	Total		Materials Fee		Monthly
		Tut	,Or	\$	✓	Tuition
1 st period (8:30 – 9:25)						
2 nd period (9:35 – 10:30)						
3 rd period (10:40 -11:35)						
4 th period (12:30 - 1:25)						
5 th period (1:35 - 2:30)						
6th period (2:40 – 3:35)						
Registration Date:	Registra	r's Initials: Registr	ration Collected: \$		Fees Collecte	d by: