

NONOTUCK COMMUNITY SCHOOL, INC

EXTRA TIME FORM

Today's Date: _____

Child's Name: _____

Date of time request: _____ Day of the Week: _____

Extra time requested from: _____ to: _____

Total # of hours requested: _____

Parent's Signature _____

Director's Signature _____

If extra time is approved, you will receive an invoice. If extra time is not approved, you will receive this form back. Not approved _____

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