**Parent Name:**

**Nombre de Padre/Madre/Tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature:**

**Firma de Padre/Madre/Tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date/Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Phone Numbers:**

**Numeros de Telefono para Emergencias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Anne Boden

Principal

Melissa Brown

Assistant Principal

Gabriela Rivas-Lopez

Assistant Principal

**Ramona Junior High School**

**Attendance Counts**

**Voluntary Saturday School (VSS)**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: 8:00 a.m.-12:00 noon**

**My child will attend Saturday School on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will ensure my child is at school by 8:00 a.m. and stays the entire time until 12:00 noon. I understand this is strictly voluntary and by having my child attend this four hour Saturday School, one full day of school will be granted in place of one absence. That absence will be eliminated.**

**My child will have a 15 minute break to eat a snack or lunch. Students must provide their own food.**

**\_\_\_\_\_ My son/daughter will attend.**

**Please return this form no later than the Thursday before Voluntary Saturday School, to give teachers time to assign make-up work.**

**La Asistencia Cuenta**

**Escuela de Sábado Voluntaria (EVS)**

**Nombre del Estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horario: 8:00 a.m. -12:00 mediodía**

**Mi hijo(a) asistira la escuela del Sábado el \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Hare todo lo posible para asegurarme de que mi hijo(a) este en la escuela a partir de las 8:00 a.m. hasta las 12:00 del mediodía. Entiendo que esto es estrictamente voluntario y que a cambio de asistir a la Escuela de Sábado por cuatro horas, se eliminara un dia completo de ausencia.**

**Mi hijo tendrá un descanso de 15 minutos para comer un bocadillo o el almuerzo. Los estudiantes deben proporcionar su propia comida.**

**\_\_\_\_\_ Mi hijo(a) asistira.**

**Haga favor de regresar la forma el Jueves antes de Escuela Voluntaria del Sabado, para dar tiempo a los maestros de asignar trabajo a su estudiante.**

**4575 Walnut Ave., Chino, CA 91710 \* (909) 627-9144 \* FAX (909) 548-6055**