

# **Briarwood Christian School**

## **Guidelines for Junior High After School Study Hall**

### **2020 - 2021**

Briarwood Christian School provides an After School Study Hall for students in the Junior High. The Study Hall is provided as a service to families when both parents work outside the home and cannot pick up their children when school is dismissed or for families who have special travel or transportation needs.

The following guidelines apply to this service:

1. The monthly charge for the service is determined at the rate of \$7.00 per hour. The rate for the service may be increased if such change is necessary to make the service self-supporting.
2. This service is available to those who need it on a regular basis. It is necessary for the school to know what days to expect a student in Study Hall.
3. Students in the Study Hall will be governed by the same basic code of conduct and dress as outlined in the Student Handbook.
4. Parents may request this service by completing the JH Request Form For After School Study Hall located on the reverse side of this sheet and returning it to the School Office by July 30, 2020.
5. The Principal will have the responsibility over the Study Hall. Students will independently study or read until checked out by a parent or guardian.
6. The service will be available from 3:15 PM until 5:30 PM on days when school is dismissed at 2:45 PM. The service will be provided from dismissal of school until 5:30 PM on days when school is dismissed early for special events, etc. The service is not provided on school holidays or when school is dismissed early before a holiday.
7. Briarwood's After School Study Hall service ends each day at 5:30 PM. Your children and our workers desire for you to arrive promptly. The rates will increase promptly at 5:30 PM. You will be assessed \$10.00 for the first 15-minutes after 5:30 PM and \$1.00 per minute thereafter. We cannot leave your child without appropriate supervision.
8. This service must be self-supporting and charges are subject to change with thirty days' notice.

(PLEASE SEE REVERSE SIDE)

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Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Days of the week service is being request and hours each day:

DAYS	HOURS
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

*The rate for this service is \$7.00 per hour.*

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

In case of emergency and parent cannot be contacted, call:

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of person who will normally pick up student(s):

\_\_\_\_\_

I have read and understand the guidelines printed on the reverse side.

Signature: \_\_\_\_\_