

INSIGHT COURSE REFERRAL

KIDS CONNECTION CLASS

(Grades 4-6)

Student Name	Student Number	Date	
_____	_____	_____	
First _____ Last _____			
Email for Zoom Link:		Grade _____	
Name of School			

Parent/Guardian Name		Phone Number	
_____		_____	
First _____ Last _____			
Address	City	State	ZIP
_____	_____	_____	_____
School Official or parent submitting this referral:			
School Official	Title	Phone Number	
_____	_____	_____	
First Last (Please Print)			

I will need an Interpreter for this class:

Yes No Language: _____

Course Information:

During remote learning, **all classes will be held on Zoom Tuesday evenings from 6:00 – 7:30 PM.** An email will be sent with the zoom link to the email provided one day prior to the meeting. A parent/guardian is required to attend with their student each night. Students and parents will not be admitted to class if they are more than 10 minutes late.

- Session 5: March 2, 9, 16, 23
- Session 6: April 6, 13, 20, 27
- Session 7: May 4, 11, 18, 25