



Columbia School District  
**X-STREAM**  
 21<sup>st</sup> Century Community Learning Center



Date:

Dear Parents:

We are pleased to inform you that **your school** has been designated a 21<sup>st</sup> Century Community Learning Center (CCLC) by the Mississippi Department of Education. The 21<sup>st</sup> CCLC program will be referred to as **“X-STREAM”**. X-STREAM will focus on “X-ing out” learning gaps by providing eXplicit instruction and eXperiences in STREAM: Science, Technology, Reading, Engineering, Art, and Math. The X-STREAM program will operate before school by adding a zero period at each campus and will operate after school. The X-STREAM program will start Tuesday, January 16, 2018. The zero period will start 45 minutes before school each day of the week. The after school program will operate two hours after school for three days during the week on Monday, Tuesday, and Thursday. During the after school program, a nutritious snack will be provided for participating students.

Based on a review of classroom performance, achievement on state tests, report card grades, behavior, attendance, and/or other indicators, **your student** has been recommended for participation in the program. The X-STREAM program is designed to offer eXplicit instruction for students that will help them improve. There is no cost to participate in the program.

To protect the achievement goals for the X-STREAM program, students selected for participation must attend regularly and exhibit appropriate behavior in the after school program. Students who do not attend regularly or who demonstrate inappropriate behavior will be dismissed from the X-STREAM program. We welcome **your student** to participate in **your school's** 21<sup>st</sup> Century Community Learning Center X-STREAM program. To indicate your permission, please complete the information below and return the bottom portion to **your student's homeroom teacher** tomorrow. If you have any questions about the program, please feel free to call me.

Sincerely,

Principal

21<sup>st</sup> CCLC Site Coordinator

**YES, I give permission for my child to participate in the extended day/after school program.**

Parent's Signature: \_\_\_\_\_ Print your Name here: \_\_\_\_\_

Student's Name: **your student** Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone # : \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

*Parents are asked to provide **two** emergency phone numbers and contacts in case we are unable to reach parents regarding the after school program.*