After School Extended Learning Time (ASXLT)

**What is it?**

ASXLT is a study hall managed by Cheldelin staff members and community volunteers. The goal is to help students learn to prioritize their work, assist in assignment completion, and aid in test preparation. It is a structured, focused work environment providing opportunities for individual and group study in a supervised and supportive setting. We ask that you communicate with your student that this is a serious work time rather than an opportunity for socializing.

**When and Where Is It?**

ASXLT is held Mondays, Tuesdays, Wednesdays and Thursdays from 3:45-4:30 pm in room 26.

**What About Transportation?**

Bus transportation from Cheldelin to the Corvallis Boys’ and Girls’ Club will be provided.

**What If My Child Doesn’t Need to Attend Every Day?**

For accountability and safety, we prefer that students keep a predictable schedule of attendance. Please email Katherine.Palmer@corvallis.k12.or.us or Nathan.Morales@corvallis.k12.or.us to let us know if your child will not attend on any given day. If a student fails to show up for ASXLT, we will contact parents/guardians to check for child safety, UNLESS YOU MARKED THE “AS NEEDED” PREFERENCE.

**Questions?**

Please contact Katie Palmer or Nathan Morales at 541-757-5971.

To sign your student up for ASXLT, please complete the attached form and return it to the CMS Front Office.

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s ASXLT Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_ My student will attend ASXLT on these days:**

Please Circle- Mondays Tuesdays Wednesdays Thursdays

-OR-

**\_\_\_\_ I prefer my student attend “As Needed.”**

My child will decide whether or not to attend on any given day, and staff **will not** call or email when my child does not attend.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation:

\_\_\_ My student will ride the provided bus to the Boys’ and Girls’ club.

\_\_\_ I will provide after school transportation for my student.

\_\_\_ My student has my permission to walk/ride bike home from After School XLT.

My student has the following conditions/allergies (food/other/special requirements): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I’ve spoken with my child about the expectation that ASXLT is exclusively a time for school work and study time. **Parent initials:\_\_\_\_\_\_**

I agree to hold Corvallis School District, its officials, agents, and employees harmless against any claims of injury or damage except in those cases where the acts of Corvallis School District, its officials, agents or employees have been determined to be negligent by a court of competent jurisdiction. I also hereby authorize any authorized doctor, emergency medical technician, paramedic, nurse, hospital or any other medical facility to treat said minor for the purpose of attempting to treat or relieve any medical emergency (injury or illness). **Parent initials:\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**