KICK Start Application Form

Student name: ______________________ Year: ______________________
Friday to attend: ___________________ Period: ___________________

Referral by:  ☐ student  ☐ teacher  ☐ parent

What do you need help with?

☐ Assignment  ☐ Classwork  ☐ Homework  ☐ Reading  ☐ Maths

Other:

____________________________________
____________________________________
____________________________________

YOU MUST HAVE THIS FORM SIGNED BY THE CLASS TEACHER WHOSE LESSON YOU WILL MISS!

TEACHER NAME: ______________ TEACHER SIGNATURE: ______________

Please complete this form and return it to the LAST office by Thursday Recess 2.