



Home Learners Program at Hume Park

Family/Parent Allocation Form (Pre-Authorization)

Parents: Please complete this section

Date: _____

Student Name: _____ Grade: _____

Parent Name: _____

Name of Activity: _____

Name of Service Provider: _____

Address of Service Provider: _____

Dates & Times: _____

Cost: _____

Contact Phone: _____

By signing below, I understand:

It is my responsibility to hire the third party provider and to supervise my child while he/she is participating in this activity.

The Board of Education of School District No. 40 shares no responsibility and accepts no liability for the qualifications, quality of service or parental hiring of third party service providers.

Parent's Signature: _____

Registration Date: _____ Prior to Sept. 30 _____ Prior to Feb. 15 _____ Prior to May 31

Office Use Only:

Meets criteria of Learning Plan: _____

Teacher's Signature