



Enterprise Elementary School

216 South 100 East Enterprise, Utah 84725

Phone: (435) 878-2236 Fax: (435) 878-2510

Luke Rowley-Principal

Aarron Bradbury-Title 1 Coordinator

Kaitlyn Blackham-Counselor

Kirby Schimbeck-Learning Coach



Dear Parents or Guardians,

Your child, _____ has been selected to be a part of our After School Intervention Program, Monday through Thursday, from 2:30 pm to 3:30 pm.

This is part of our ongoing intervention program here at Enterprise Elementary that will go on till the middle of May. During this time, your student will receive extra instruction from a certified teacher and high school tutors that will target the specific needs(guaranted skills) of each student in the group. Student may move in and out of the group throughout the year.

Our mission here at Enterprise Elementary is to have every student achieve success on the guaranteed skills they need for their grade level. We believe that with this After School Intervention Program, all student involved will meet the goals we set with them. **The specific need (guaranteed skill) your child will focus on will be:**_____.

We will need your help with this program, in making sure your student remembers that they need to stay after school. We ask that you plan on picking your student up at 3:30 or make arrangements for them to travel home safely.

If you have other children not identified to stay for interventions, but would like them to stay and get help with their homework, we have our family center that is open after school till 5:00pm to help with homework.

If you have any questions please call me at (435) 878-2236

Thank you,

Aarron Bradbury, Title1 Site Coordinator

Parent/Guardian Permission Form

I am the parent/guardian of _____ from _____'s class in the ____ grade.

I give permission to my child, teacher and administration at Enterprise Elementary to allow my child to stay for the After School Intervention Program. I will make sure my student attends everyday, does his/her best and has a safe way to get home.

I prefer my student not to be involved in the After School Intervention Program.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

******Detach the bottom portion and return to classroom teacher ASAP******