

Tamura Magwood

*Principal*

Kevin Aviles

*Assistant Principal*

Aleisha Pugh

*Secretary*

Tabitha McClary

*Guidance Counselor*

 *James Henson*

*Guidance Counselor*

*Dr. Janet Goodwin*

*Academic Dean*

 *Andre Dye*

*Athletic Director*

 Dear Parent/Guardian,

Saturday Academic Academy will be held on select Saturdays for the remainder of the school year for those students who would like to receive additional help in ELA and Math. Students will receive personalized instruction in small groups through prescribed lessons supported by computer learning programs.

The first sessions will be held on the following Saturdays:

November 10th and November 17

December 1st, December 8th and December 15

There is no transportation provided for Saturday Academic Academy. Students must be dropped off and picked up. Students will be required to sign in and out every Saturday. Class will start promptly at 8:00 a.m. and conclude at 12:00 p.m. The school’s doors will open at 7:50 a.m. to make sure students are on campus in enough time for the 8:00 a.m. class start.  **Please do not drop students off earlier as there will be no supervision prior to that time. Please be on time for pick up.**

There is a zero tolerance for inappropriate behavior during Saturday Academic Academy. If your child is not completing work, staying on task, or following the MCSD/East Columbus Magnet Academy behavior policies he/she will not be allowed to return. This can be one of the factors as to whether your child advances to the next grade level. If you have any further questions please contact the school at (706)565-3026.

**Please complete and sign the attached permission form and return it by Tuesday, November 6, 2018.**

Thank you,

Dr. Janet Goodwin

Saturday Academic Academy Coordinator

***Saturday Academic Academy***

 ***Permission Form***

***Sign and return-----------Please print clearly***

***My child will attend the Saturday Academic Academy on the specified dates.***

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below I am acknowledging that I have read the letter and agree to the policies of Saturday Academic Academy.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_