

H.O.T. S.H.O.T.S. Nomination Form

Tuesday and Thursday from 3:00 – 4:00 PM in PTMS library

Student's Name _____ Grade (circle one): 6 7 8

Team: _____ Date: _____

Person(s) recommending student: _____

Reason(s) for the recommendation: _____

H.O.T. S.H.O.T.S. Guidelines

1. Students will follow all social distancing guidelines and wear their masks appropriately throughout the entire duration of the HOT SHOTS session.

2. Cell phones must be turned off and in student's backpack during HOT SHOTS.

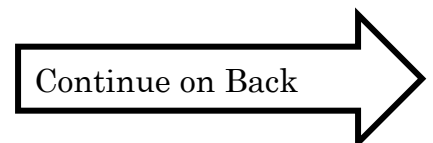
3. Students will sit at their assigned seat at the start of the HOT SHOTS session and remain in their assigned seat until the session is over.

4. Students will bring all homework and necessary materials to HOT SHOTS at the start of a HOT SHOTS session.

5. Students will use their school provided laptop for educational purposes only.

6. Students will bring a book to read quietly if they do not have any homework. Students are not allowed to play games on their laptop or cell phone under any circumstance. Failure to comply with appropriate technology usage will result in a dismissal from the HOT SHOTS program.

7. Students distracting the HOT SHOTS program will be given a verbal warning. If the disruption continues, students may be referred for further disciplinary action and/or may be dismissed from the program.



_____ I support my child's attendance at the HOT SHOTS program and will follow the guidelines. I understand that I am responsible for my child's transportation home and will be at the Middle School at 3:55 PM for pick up. Failure to pick up my child at the appointed time may result in him/ her being removed from the program. HOT SHOTS is a voluntary program that is provided to give your child extra guidance and support in all homework and study skills areas.

_____ Date _____
(Parent/ Guardian Signature)

_____ (Phone number) _____ (Email address)

This form will only need to be signed and returned once to the office or Mrs. Quiring

PLEASE RETURN THIS FORM TO THE OFFICE AS SOON AS POSSIBLE.

Contact Mrs. Quiring with questions and/ or concerns.

**Email: quiringa@pt-sd.org
Subject: HOT SHOTS/ child's name**