Parent Name: _____ Date _____

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
5 am :30							
6 am :30							
7 am :30							
8 am :30							
9 am :30							
10 am :30							
11 am :30							
12 PM :30							
1 PM :30							
2 PM :30							
3 PM :30							
4 PM :30							
5 PM :30							
6 PM :30							
7 PM :30							
8 PM :30							
9 PM :30							
10 PM :30							
11 PM :30							
Totals:							

Office Use Only

Total Work Hours: _____

Total School Hours: _____

Study Time Requested: _____   (Total Units _____ x 2 = _____)

Communte /Travel Time:_____each way x 2_____ total travel time per day

Other: _____

Total Hours per Week: _____