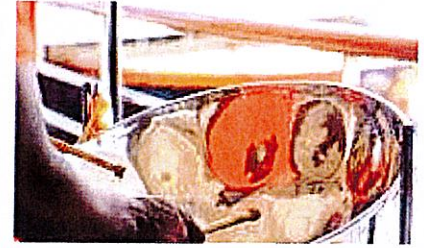


Mrs. Jacklyn Charles-Marcus, Principal Dr. Kevin Bond, Assistant, Principal

November 12, 2024



Dear Parent/Guardians:

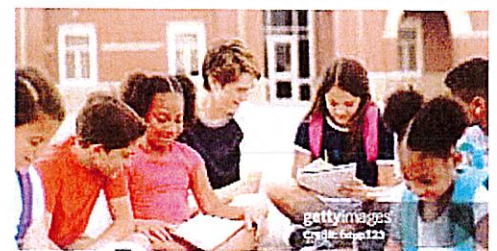
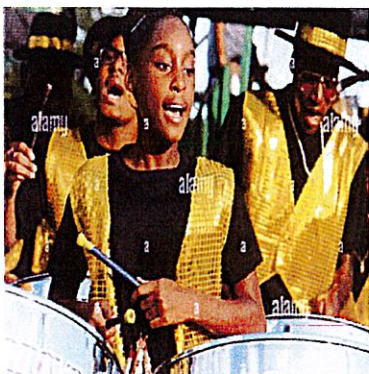
Our Saturday Leadership Academy will commence on Saturday, November 16, 2024. During our Saturday program we will offer Academic Intervention and Enrichment as well as Step Class and Music Appreciation.

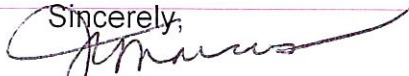
We look forward to working with our students. If you would like your child to attend, please complete this application and return to the school. The dates of operation are listed below.

Our annual **Saturday program** will begin on **November 16, 2024, to May 10, 2025**. The program will operate from 9:00am – 1:00pm (breakfast will be served at 8:30am) on the following dates:

<b>November</b>	<b>16</b>	<b>23</b>				<p><b>MIDWINTER RECESS</b>                      Monday - Wednesday                      December 23 – January 1, 2025</p> <p><b>MIDWINTER RECESS</b>                      Monday – Friday                      February 17 – 21, 2025</p> <p><b>SPRING RECESS</b>                      Monday – Friday                      April 14 – 18, 2025</p>
<b>December</b>	<b>7</b>	<b>14</b>				
<b>January</b>	<b>4</b>	<b>11</b>	<b>25</b>			
<b>February</b>	<b>1</b>	<b>8</b>	<b>15</b>			
<b>March</b>	<b>1</b>	<b>8</b>	<b>15</b>	<b>22</b>	<b>29</b>	
<b>April</b>	<b>5</b>	<b>26</b>				
<b>May</b> (Math Only)	<b>3</b>	<b>10</b>				

Please complete the attached form and return to your child's homeroom teacher.



Sincerely,  
  
 Jacklyn Charles-Marcus  
 Principal

Mrs. Jacklyn Charles-Marcus, Principal

Dr. Kevin Bond, Assistant Principal

**“JOURNEY TO SUCCESS” SATURDAY SCHOOL PROGRAM  
November 2024 – May 2025**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

( ) I give my child, \_\_\_\_\_ of Class: \_\_\_\_\_

**Permission to attend the 2024 -2025 “Journey to Success” Saturday School Program**

( ) Unfortunately my child, \_\_\_\_\_ will not be able to participate in the 2019 “Journey to Success” After School Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_