

SCHEDULE REQUEST FORM

____ 1st Qu ____ 2nd Qu ____ 3rd Qu						FAMILY NAME:	
\$35 QUARTERLY STUDENT FEES DUE BY FIRST MEETING OF QUARTER OR WITH FORM						DATE REC'D:	
				2nd and 3rd QU ONLY			
STUDENT NAME	AGE		CLASS	DROPPED CLASS TITLE	FEES	NOTES FOR ADMIN.	
		9:00					
		10:00					
		11:00					
		12:00	LUNCH				
		1:00					
STUDENT NAME	AGE		CLASS	DROPPED CLASS TITLE		NOTES FOR ADMIN.	
		9:00					
		10:00					
		11:00					
		12:00	LUNCH				
		1:00					
STUDENT NAME	AGE		CLASS	DROPPED CLASS TITLE		NOTES FOR ADMIN.	
		9:00					
		10:00					
		11:00					
		12:00	LUNCH				
		1:00					
STUDENT NAME	AGE		CLASS	DROPPED CLASS TITLE		NOTES FOR ADMIN.	
		9:00					
		10:00					
		11:00					
		12:00	LUNCH				
		1:00					
STUDENT NAME	AGE		CLASS	DROPPED CLASS TITLE		NOTES FOR ADMIN.	
		9:00					
		10:00					
		11:00					
		12:00	LUNCH				
		1:00					

JBC Student Fee: \$35 x _____ students/qu **Total Qu Stu+Class Fees: \$ _____**

SUBMISSION OPTIONS: (1) Drop off completed form at Information Desk; (2) Mail completed form to JBC Homeschool, PO Box 240, Jefferson, OR 97352; (3) Email completed form to jbchomeschool@gmail.com

Submit quarterly student fees the first meeting of the quarter or with submission of this form. Cash, card or checks payable to "JBC" accepted.