

Child Assigned to this Choice Day: _____ Grade: _____

Choice Day _____ in school
Date _____ out of school
1:30-3:00pm

PLEASE RETURN THIS FORM TO THE 1st GRADE ROOM one month in advance or email to Choice Day Coordinator at shanson@sio.midco.net. (Use pen please.)

Activity: _____

Parent Leader _____ day phone _____
evening phone _____ cell phone _____ email: _____

Choice Day Activity Plan of Action- Please take some time to think about your activity or field trip and outline what your plan will be for the activity. **Please plan for more time that needed –just in case. Choice Day activities should be educational and informative for our children.**

Goal for the Activity _____

Any special accommodations that your activity needs: (fyi – you must provide your own supplies or drivers if needed) _____

Plan for the Activity:

1:30-1:45pm be in the building and ready to start activity-please meet at your assigned room/area and teachers will send children your way. This is commitment time so please do not bring younger children with.

1:45 Choice Day starts

1:45-3:00pm _____

3:00 return students to classrooms (**not before please**)

Parents who are planning to include a snack in their activity must have this written in the plans, and this will be approved along with the approval process of the activity. If the plans do not include the snack, it will not be allowed to be served. Snacks will only be approved if they enhance the activity or are needed due to the nature of the activity.

Please read and sign this statement:

All City parent or guest presentations during Choice Day must be in accordance with Sioux Falls School District Board Policy IJOB. This policy states: "The presentation and/or its content must be approved (by the administrator) before the presentation. The presentation may not reflect adversely on any group or person because of their race, color, religion, creed, ancestry, gender, sexual orientation, national origin, age, disability or occupation. Teachers or administrators are required to interrupt or suspend a presentation if the content is in conflict with this policy.

By signing below, the parent signifies their intention to follow this policy during the specified Choice Day presentation.

Signature: _____ Date: _____

Student sign-up: Parent may sign up child listed on front top of form only. Please use blue or black pen on sign-up so it shows up on copies.

Students

- | | |
|---------------------------------|-----------|
| 1. Kindergarten: _____ | 2. _____ |
| 3. 1 st grade _____ | 4. _____ |
| 5. 2 nd grade _____ | 6. _____ |
| 7. 3 rd grade _____ | 8. _____ |
| 9. 4 th grade _____ | 10. _____ |
| 11. 5 th grade _____ | 12. _____ |

Open slots: any grade may fill these slots, unless otherwise noted

13. _____ (grade/name)

(Please do not fill in the following 2 lines – it will be assigned for you!)

Teacher/parent helper(s) _____

Meeting place: _____

Off Site Activities: All drivers must have a signed Activity Driver Certification Form on file with school office. Please make arrangements for your own drivers. Teachers assigned to your choice day activity may not drive. This is considered commitment time so please do not bring younger siblings to this event.

Further information regarding Choice Day can be found at www.allcitypta.org.

Additional Notes:

Coordinator use only – Date/time received: _____
