

# St. Marys City Schools Extended Days Application

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Extended Day(s) Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Number of students impacted by day(s) requested: \_\_\_\_\_

Educational value to students: \_\_\_\_\_

Additional costs associated with request: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Number of Day(s) Approved by Principal and Superintendent: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_