



BWHS ROAR After-School Program Application

APPLICATIONS DO NOT GUARANTEE ADMISSION. Your application must be reviewed and processed by Ms. Tucker or Ms. Mendez prior to admission and participation. **Students cannot attend ROAR until they receive an official invitation.** Incomplete applications will be returned to the student.

STUDENT INFORMATION				
Student's First and Last Name:				
Student ID:	DOB:			
Advisory teacher:	Advisory Room Number:			
English teacher:	Counselor:			
Street Address:				
City:	Zip:	Phone:		
Which weekdays do you plan to attend ROAR:	M	T	W	R
Are you involved in an extracurricular activity that takes place after school? Yes No				
If so, what is the extracurricular activity?				
In one sentence, explain what you hope ROAR can do for you.				
Do you have food/medication allergies? Yes No If so, what type:				
Transportation home at 6:00 Walk Drive Pick up School Bus				
What is your t-shirt size? Small Medium Large X-Large XX-Large				
PARENT/GUARDIAN CONTACT INFORMATION				
Parent/Guardian First and Last Name:				
Email:				
Work Phone:	Cell Phone:			

Return application to Ms. Tucker, Ms. Mendez, the SLC, or the Front Office.
If you have any questions please email Ms. Tucker at tucker@bentonvillek12.org or Ms. Mendez at dmendez@bentonvillek12.org



Bentonville West High School

PERMISSION TO TRAVEL FORM

As a part of the ROAR program, students will occasionally participate in off-campus activities like going to Fast Lanes, Malco, Crystal Bridges, restaurants, etc.

I/We give permission for _____ to participate in ROAR-related off-campus activities from September 21, 2020 - May 20, 2021. I/We understand that all students involved in these off-campus activities might need to use school transportation and will be chaperoned by ROAR mentor teachers and staff.

_____ My child has permission to ride a bus provided by the Bentonville School District.

_____ My child has permission to participate in off-campus ROAR activities during the 2020-2021 school year.

Home/Family Information

Home Address:

Emergency Phone:

Parent Signature

Date

Student Signature

Date
