

In order for us to best determine our daily parking situation, please complete all information below.
You are responsible for attending CWCTC any day that you are physically at your sending school.

Name _____ School District _____ Grade _____ Current education plan at your sending school (check one): <input type="checkbox"/> Physical school Monday through Friday <input type="checkbox"/> Cyber only Monday through Friday <input type="checkbox"/> Hybrid program (if hybrid, continue below) I will physically be in my sending school on these days: Mon Tues Wed Thurs Fri My days alternate weekly	MONDAY: (check accordingly) <input type="checkbox"/> I WILL attend <input type="checkbox"/> I MAY attend <input type="checkbox"/> I DO NOT PLAN to attend
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