

NAME\_\_

## **Panthers Produce Application**

\_\_\_\_\_ID#\_\_\_\_\_

| Student Signature  | Parent/Guardian Signature  |
|--|--|
| As a student and parent/guardian, we understa  | and the expectation of Panthers Produce.                                     |
| 2. How would you use your time?  |  |
| <ol> <li>Why would you choose a Panthers Proceeding expenses</li> </ol>  | roduce (i.e. many after school activities, ktra support, etc.)?              |
| Using the space below, describe the follow   | ing:   |
| We will have limited space in Panthers Produce, you are selected into Panthers Produce, you are and respectful manner. Teachers have the Panthers Produce who are not using their to | e expected to work on homework in a quiet discretion to remove students from |
|  |  |

RETURN THIS FORM TO THE COUNSELING OFFICE BY FEBRUARY 19, 2022.