



## 2017 ALKI SPELLING BEE

Student Name: \_\_\_\_\_

Teacher/grade: \_\_\_\_\_

Parent email:

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- My child has permission to participate in the school wide spelling bee activities at Alki.

### **They can:**

- Do lunchtime spelling club
- Participate in an afterschool club Mondays from 2:05– 2:45
- My child wishes to participate but will study from home. Materials will be emailed.