***AFTER SCHOOL TUTORING***

***PERMISSION SLIP***

Teacher Name:\_\_\_\_\_\_\_\_\_Boillat\_\_\_\_\_\_\_\_\_\_\_\_

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

Day/s for Tutoring after school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Absolutely No Exceptions**

* Students must attend the entire tutoring time ***3:25 – 4:15***
* Students that go to tutoring ***late will not be accepted*** into the tutoring session
* ***No slip, no tutoring***
* Students must sign up or be invited in advance
* Students must be picked up at 4:15 in the elementary zone
* Staff will be on duty until 4:30: ***no late pick up***

***\*\*Signing below means you are aware and agree to conditions stated above.\*\****

Parent name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( PRINT)

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home)

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)