



PrimeTime Permission Slip



Grade Level: _____

_____ has my permission to attend afterschool tutoring on the days indicated below. If he/she cannot attend on a specific date, I will email the teacher and let them know.

****Students must be picked up by 4:00pm. If a student is picked up late twice, they will be dismissed from the program****

Please indicate below how your child will get home each day, what day(s) they will be staying, and the subject(s) they need assistance in.

Monday
bike/walk
car

Tuesday
bike/walk
car

Wednesday
bike/walk
car
bus

Thursday
bike/walk
car
bus

Monday
ELA
Math
Science
Social Studies

Tuesday
ELA
Math
Science
Social Studies

Wednesday
ELA
Math
Science
Social Studies

Thursday
ELA
Math
Science
Social Studies

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

For bus riders please give a physical address:

_____ Street Address

_____ City

_____ Zip

****Students will NOT be dropped off at their regular stops.** Based on the students who attend, drop off POINTS will be created and shared.**

****Please return to Ms. Stokes in Counseling.**

Entered: _____