

**Dr. Prothro's English-Language Arts Tutoring Permission Form**

**Week of:** \_\_\_\_\_

Student's Name: \_\_\_\_\_

Morning tutoring will be held from either from **8:00 a.m. to 8:30 a.m.** or **4:30-5:30p.m.** (See Dr. Prothro's calendar on her webpage for each week's tutoring session dates).

**Student:** I understand that I must come to tutoring with specific questions and concerns so that I am able to get the help that need for my deficiency. I also commit that I will study and practice so that I can retain the things that are learned in class and during my tutoring session.

\_\_\_\_\_ **(student name)**

**Parent:** I understand that it is my responsibility to provide transportation for my child and I commit that I will arrange that my child is picked up (if the child is staying for the afternoon session) by 5:15p.m.

Parent/Guardian Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

*If I do not have a **signed** permission slip on file, students will not be permitted to attend tutoring.*

I would like my child to attend before-school tutoring on the following day(s):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday