

Parents' Permission for Student to receive tutoring

Yes, I agree to have my child, _____ receive tutoring in the peer tutoring program in the subject at LPA

Parent Name (please print)

Parent Signature

Date

Student name (please print)

Grade & Section

Subject

Peer tutor schedule

Wednesday (For both Middle School and High School)

12:35 – 1:10 at room 307

Thursday (For High School Only)

12:25 -12:50 at room 408

Friday (For Middle School Only)

11:25 – 11:50 at room 307

Please let Mrs. Yu know if your child can't attend all two session per week.