

**Parent Permission Slip for Student to Serve as Peer Tutor**

Yes, I agree to have my child, \_\_\_\_\_, be a peer tutor at LPA.  
First & Last name/Grade

Parent Contact Information: \_\_\_\_\_  
Email/ Cell phone number

Parent Signature / Date: \_\_\_\_\_

Peer tutoring hours: Monday & Thursday during the lyceum (9:50 – 10:20)

**Parent Permission slip for Peer Tutee**

Yes, I agree to have my child, \_\_\_\_\_, receive tutoring in the  
First & Last Name/ Grade

Peer Tutoring Program in the subject at LPA.

Parent Contact Information: \_\_\_\_\_  
Email/ Cell phone number

Parent Signature / Date: \_\_\_\_\_

Peer tutoring hours: Monday & Thursday during the lyceum (9:50 – 10:20)