Parent Permission Slip for Peer Tutoring

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: Tuesday & Friday during the lyceum (9:45 – 10:05) in 419

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: Tuesday & Friday during the lyceum (9:45 – 10:05) in 419