

St. Christopher School
After School Tutoring Program
Permission Slip

I _____ give permission for my
(Parent's printed name)
son/daughter _____ to attend the after
(Student's printed name)
school tutoring program. I will make sure they are picked up by
3:45pm. Each Session is \$5.00.

_____ Specific Content Area Tutoring
Subject of Concern _____ (ex. Math)
Area of Concern _____ (ex. Fractions)

_____ Organization and/or study skills

_____ Homework Help

_____ My child will attend Tuesday & Thursday sessions.

_____ My child will attend on _____.
(Day of Week)

All checks need to be made to St. Christopher School.
Payment must be received prior to each session.

(Parent Signature)

(Date)

Phone number where I can be reached: _____

Parent e-mail address: _____