

Tutoring Permission Slip

(Please Print)

Today's Date: _____

I give my child (name), _____
permission to attend tutoring on Thursday Evenings from 5:00 pm to 6:00 pm. at
**Crossroads First Covenant Church 2101 W 2nd Street, Duluth, Minnesota
55806**

Church Phone Number 722- 5451

Grade Level: _____ Birthdate: _____

Child's
Address _____ Phone
Number(s) _____

Child's Guardian (Printed) _____

Child's Guardian Signature _____

Please write any other information that would be helpful for your child's tutor to know about your child:

There will be no tutoring on days when school is not in session. Your child's tutor will provide their name on the first night of tutoring. You may also meet the tutor when you drop off and pick up your child. Your child can bring their own homework to work on or the tutor will work on reading and math skills with your child if no homework is provided.

Please call Linda Pelto, Tutor Coordinator at 310-0294 if your child is unable to attend a session due to illness. You must provide transportation to and from tutoring or give written permission if you want your child to walk. Your family is invited to a free dinner at 6:00pm after each tutoring session.