

SIMPSON MIDDLE SCHOOL

BEFORE/AFTER SCHOOL TUTORING REGISTRATION FORM 2017-2018

*****The student should return this form to his/her homeroom teacher.**

Student name: _____ Grade: _____

Homeroom teacher: _____

Parent name (please print): _____

Email address: _____

Phone: _____

I give my child permission to attend the tutoring sessions at Simpson: *yes* or *no* (circle one).

I agree that my child will be picked up no later than 5:30 on afternoon sessions. I understand that my child will not be able to participate in afternoon tutoring if he/she is not picked up on time after the second violation.

Parent signature: _____ Date: _____

Parents: Tutoring sessions will be held during the following weeks only:

October 23-27	January 29-February 2
October 30-November 3	February 5-9
November 6-10	February 12-16
November 13-17	February 26-March 2
November 27-December 1	March 5-9
December 4-8	March 12-16
December 11-15	March 19-23
January 8-12	March 26-30
January 22-26	

** Please have your child double-check the schedule each week as dates and times are subject to change depending on snow days, teacher absences, etc.*