

Smith Middle School Tutoring Pass

Name: _____ Grade: 6 7 8

Subject:

- | | | |
|--------------|----------------|----------|
| Reading | Language Arts | Math |
| Science | Social Studies | Elective |
| Other: _____ | | |

Date of Tutoring: _____/_____/_____
 Month Day Year

Teacher: _____ Rm: _____

Tutoring begins at 2:40 and ends between 3:30 and 4:00.

I understand my child will stay after school on the date indicated above. I also understand the school does not provide late bus service for after school activities. I give permission for my child to stay after school.

- I give permission for my child to walk home.
- I will pick my student up after tutoring.

Signed: _____ Date: _____
 Parent Signature

Students:

- **Parents must sign for you to stay after school**
- **Give this pass to your teacher the day you stay for tutoring**

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