

CONSENT FOR REMOVAL FROM CLASS FOR TUTORING

Date: _____

Dear Parent:

Your child, _____, (*student's name*) has been identified for additional tutoring or test preparation in the following subject(s) or for the following reasons: (*list subjects or reasons, such as test preparation.*)

In order to participate in the tutoring or remediation program, your child may be removed from the following classes for more than ten percent of the days the classes are offered:

List classes the student may miss:

State law requires that the District receive parental consent if a student will miss more than ten percent of the days a class is offered for remedial tutoring or test preparation. Your child's grade in the classes to be missed will not be negatively affected due to participation in this program. You may revoke permission at any time.

Sincerely,

Principal

Parental consent:

I give permission for my child, _____, to be removed from class to participate in the program described above.

OR

I do not give permission for my child, _____, to be removed from class to participate in the program described above.

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____