

Expect the Best

A 2014 Re-Designated Pennsylvania and National Schools to Watch Middle School

AFTER SCHOOL TUTORING CLINIC PERMISSION SLIP

I give my son/daughter, _____, permission to participate in the Canonsburg Middle School After School Tutoring Program.

The clinic will have a variety of people to assist students with various subject areas. Ms. Elaine Hixon (para-educator) and CMHS National Honor Society students will be available to assist students in various subject areas. In addition, at least one CMS math teacher will be available to assist with mathematics. These tutoring sessions will occur after school on Wednesdays until 4:00 p.m. in the Middle School Library.

I understand that by signing this permission slip, I am responsible to pick up my child from the Canonsburg Middle School promptly at **4:00 p.m.** each day he or she stays for help. You can also give your child permission to walk home at this time if he or she is typically a walker. **THERE WILL BE NO SCHOOL DISTRICT TRANSPORTATION PROVIDED AT THE END OF THE SESSIONS.**

Anyone leaving the building without permission, or not following school rules, is subject to dismissal from the program and disciplinary consequences. Parents will be notified and will be asked to pick up their child.

Please check one of the following:

I will be picking up my child at the front of the building (College Street). _____

I give my child permission to walk home at the conclusion of the program. _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Please turn in this permission slip to the office at least one day prior to staying. You only have to turn in one permission slip for the entire school year.