

After-School Tutoring Program Consent Form

Student Information

Student Name

Grade

School

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Emergency Contact

Name

Phone Number

Medical Information

Allergies or Medical Conditions

Consent

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I give permission for my child to participate in the After-School Tutoring Program. I acknowledge that I have read and understand the terms and policies of the program.

Parent/Guardian Signature

Date