



**MONROE COUNTY SCHOOL DISTRICT
POINCIANA Title I TUTORING PROGRAM
PARENT PERMISSION FORM**

Your child has been selected to attend the Poinciana Title I Tutoring Program to receive additional academic assistance on Mondays, Tuesdays and Wednesdays. The program will be held at Poinciana Elementary School starting the week of October 24th. The program will be offered to your child **free of charge**.

You must return the completed form by _____. After this date, the next child on the list will be offered the program.

Attendance is very important for your child's success as well as committing to have your child stay until the end of the program time. Please help us by scheduling appointments for your child on non-program days as much as possible.

Please call *Heidi Roberts* at 305-293-1630 ext 52363, if you need further information. Thank You!

Return this portion to the classroom teacher.

I hereby give permission for my child to attend the Poinciana Tutoring Program. I plan on having my child attend on a regular basis.

Print Parent Name(s) _____

Parent Signature(s) _____

Contact Phone Numbers: Home _____ Cell _____

Print Child's Name:

Homeroom Teacher:

Grade:

How does your child get home? Parent Pick up daily _____ Daycare _____ Other _____

Tutor(s):

DEADLINE TO RETURN FORM: _____

DATE and TIME RECEIVED: _____