

Theresa N. Axford  
Superintendent of  
Schools

New Beginnings...High  
Expectations



*Principal*  
DARREN PAIS

*Assistant Principal*  
HANNAH FISHER

*Assistant Principal*  
TIFFANY ZEPEDA

*Office Manager*  
KATHERINE KIGHT

*Data Entry*  
LISA GRAHAM

*Bookkeeper*  
DEBRA HOLLIS

*Administrative Assistant*  
ASHLEY BELL

Dear Parent or Guardian of \_\_\_\_\_ :

Your child meets the criteria to participate in our tutoring program at Key Largo School for reading and/or math. We are in the first stages of getting the program organized and need to know how many students will be participating.

This year our program will run before and after school. Morning tutoring is from 7:30 to 8:15 am, Monday - Friday, and after-school is from 3:30 to 5:00 pm, Monday and Tuesday. Our planned starting date is September 23rd. The days your child will attend will vary by grade level and teacher/tutor. Some programs will meet only one day a week and others may meet multiple days.

**Bus transportation will only be provided for after-school tutoring.** Morning tutoring transportation will need to be provided by the parent/guardian.

Children are selected for tutoring based on their FAST/STAR scores so that specific targeted areas can be worked on to bring your child to proficiency level.

If you are interested in this program for your child, **please return this letter by Friday, September 13, 2024**, indicating you are interested in this service. If you are not interested in having your child attend, please be so kind and indicate so by marking "no" at the bottom so that we may extend the offer to another child's parents.

Check one:

YES! \_\_\_\_\_ I am interested in this after-school tutoring program for my child. Please fill out the back of this letter.

NO, thanks \_\_\_\_\_ I am not interested at this time.

If you have any questions please contact Veronika Valdes by email at: [veronika.valdes@keysschools.com](mailto:veronika.valdes@keysschools.com) or by phone/text at 305-563-9477.

Child Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Subject area:**

<input type="checkbox"/> Reading/ELA	<input type="checkbox"/> Math	<input type="checkbox"/> Other courses
--------------------------------------	-------------------------------	----------------------------------------

**Before school tutoring 7:30 - 8:15 am: parent/guardian transportation required**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
---------------------------------	----------------------------------	------------------------------------	-----------------------------------	---------------------------------

**After school tutoring 3:30 - 5:00 pm:**

<input type="checkbox"/> Monday after school 3:30 - 5:00 pm	<input type="checkbox"/> Tuesday after school 3:30 - 5:00 pm
-------------------------------------------------------------	--------------------------------------------------------------

**Please mark below: include bus stop if bus transportation is needed for after-school tutoring.**

<input type="checkbox"/> Parent pick up, 5:00 pm	<input type="checkbox"/> Bus stop _____
--------------------------------------------------	-----------------------------------------

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

**I understand that tutoring is voluntary and an additional resource. Students who do not attend regularly and/or do not follow the teacher's classroom expectations will be asked to leave tutoring so that another student may benefit from this opportunity.**

Parent/Guardian Signature: \_\_\_\_\_

**Please return the completed form to your child's teacher by Friday, September 13th.**