

PERMISSION SLIP FOR TUTORIAL/INDEPENDENT STUDY

Student's Name _____

Tutor's Name _____

Course Title _____

Tutoring must occur no more than 2 hours per week and must occur outside the school day.

_____ Make-up (15 hours) _____ Make-up (30 hours) _____ Enrichment (30 hours)

If make-up, grade of previously failed course: _____

Starting date: _____ Projected ending date: _____

Description of subject matter to be taught: _____

Tutor's signature _____

Parent's signature _____

Counselor's signature _____

Principal's signature _____ Date _____

_____ Permission granted to begin tutoring for credit.

At the completion of tutoring, the tutor must submit a portfolio of work to the principal for credit approval.

_____ Grade* Tutor's signature _____

_____ Approval for credit Principal's signature _____

Date _____

*Tutored/independent study grades will NOT be included in class rank calculation.