



N.B. CLEMENTS JR HIGH SCHOOL

7800 Laurel Spring Rd
Prince George, Virginia 23875

Royal Tutoring Program Permission Form

Student Name: _____ Date: _____

Directions: Please place a check mark (☑) in the box next to the statement of your choice.

- I would like for my child to participate in the Royal Tutoring Program during the 2018-2019 school year on a regular basis for the remainder of the current academic year. He/she will be participating in _____.
- My child is currently struggling with _____ and I believe additional re-enforcement would be beneficial. I desire for my child to participate in Royal Tutoring until they gain an understanding of this concept.
- I would NOT like for my child to participate in the Royal Tutoring Program during the 2018-2019 school year. (If you select this option, stop here, do NOT complete the rest of this form. However, please sign and date below and return this form to the School Counseling Office.)

Please fill out the following information if your child is going to participate in the program:

Parent/Guardian Name: _____

Phone #: _____ Circle one: cell/home/work

English - afternoon	Monday & Thursday
Earth Science - afternoon	Thursday
Physical Science - afternoon	Monday and/or Wednesday
Geometry – afternoon	Wednesday
Algebra II - afternoon	Wednesday
Algebra I (Before School)	Monday – Tuesday – Wednesday – Thursday
Algebra I - afternoon	Monday
Foundations of Alg. III -Before School	Tuesday and/or Thursday
Foundations of Alg. III - afternoon	Wednesday
Spanish - afternoon	Wednesday
Exceptional Educational Support	Wednesday

In signing this form, I understand that transportation will NOT be provided by the district for any student participating in tutoring.

Parent/Guardian Signature: _____ Date: _____