

AFTER SCHOOL TUTORING PROGRAM (ATP)

Hello Families!

We are starting the ATP Program 2nd quarter!! ATP runs from **3:30-4:20 PM** on **TUESDAYS and THURSDAYS**.

Student Name: _____

Grade: _____

Parent: _____

Attendance and Weekday Preference

I would like my child to attend after-school tutoring:

____ Regularly on Tuesdays

____ Regularly on Thursdays

____ Regularly on Tuesday and Thursday

Transportation

Please select one of the following:

____ I will pick up my child from school at 4:20 PM.

____ My child will be picked up by _____

____ My child will need transportation to

Parent Signature: _____ Date: _____