

RIPLEY MIDDLE SCHOOL
AFTER SCHOOL TUTORING REGISTRATION FORM

Please register my child for after school tutoring on the following days for the subject indicated:

Student (first/last name) _____ Grade _____

WVEIS # _____

Tuesday: _____ Reading OR _____ Other subject: _____

Thursday: _____ Math Only

Tutoring will run from 3:30 pm to 5:00 pm. Please be on time to pick up your student.

Please list up to four people who have permission to pick up your student. Include their phone numbers.

1. _____
2. _____
3. _____
4. _____

I understand that staying for after school tutoring is a privilege. Poor behavior choices can cause students to be removed from the program.

Parent/Guardian Signature

Phone number