

Guthrie Public Schools

Parent Referral Form

Title VI After-School Tutoring Program

I would like my child to participate in the free Native American tutoring program.

I have completed a 506 Eligibility Form and Attachment **or** one is already on file.

Student's Name: _____ School: _____

Grade: _____ Age: _____ Gender: _____

Phone: _____

Student's Phone (if applicable): _____

Parent's Email: _____

Student's Email (if applicable): _____

I would like my child to be tutored in the following subject(s):

Reading/English

Math

Science

Social Studies

Please select which and how many days you would like your child to attend each week, *provided availability*. It is the responsibility of the parent to pick the student up immediately after tutoring at 4:45. Tutoring sessions begin at 3:45.

Monday

Tuesday

Wednesday

Thursday

Parent/Guardian Signature: _____ Date: _____

Please return completed and signed form to your child's classroom teacher or to front office staff.

For office use only:

Scan and email a copy of this form to Federal Programs.