BANGOR AREA SCHOOL DISTRICT

DeFranco Elementary
ELA After School Tutoring Permission Slip

DeFranco students are being invited to participate in our **After School ELA tutoring program**. This program will occur on **Tuesday and Thursdays** from **3:00-4:00**. Students will need to be picked up at DeFranco no later than 4:05. If you wish for your child to attend after-school tutoring, please complete the form below and have your child return it to their homeroom teacher by: **October 6, 2025**. Tutoring will begin on **Tuesday, October 14, 2025**.

Child's Name: _____

Homeroom Teacher: _____

_____ **Yes,** I give my student permission to participate in After School Tutoring in ELA.

I have made arrangements to pick up my child PROMPTLY by 4:05 P.M. I understand that if my child is not picked up PROMPTLY, he/she will not be allowed to continue to participate in the tutoring program. (Students are to be picked up in front of the building by the Main Entrance).

Parent/Guardian Signature: _____

Parent/Guardian Contact Number: _____

Parent/Guardian Parent Pickup Number (if applicable): _____

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(Keep this portion for your records)

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Tutoring will begin on **Tuesday, October 14, 2025**.