**After-school Help Permission Slip - Please return to Mrs. Ballard by TUESDAY each week.**

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to stay afterschool on \_\_\_\_\_\_\_\_\_\_\_\_\_ for Math help.
 (Student’s Name) (Date)

**Please check one box:**

* I will pick my child up at **carpool** at \_\_\_\_\_\_\_\_.
***Students are to be picked up no later than 4:00 pm.***
* My child will walk home. They should leave tutoring at \_\_\_\_\_\_\_\_.

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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