

******Important Notice!******

January 15, 2016

Dear Parent/Guardian:

Your child, _____ has been selected to attend the Extended Learning Opportunity in **Reading/Writing** offered after school at Nob Hill. **Tutoring will take place on Tuesdays and Wednesdays beginning January 26th through March 16th from 2:15 P.M. to 3:30 P.M.** Please indicate on the line below if your would/would not like for your child to participate in this FREE program. Please sign below and return this note to your child's teacher. Parents must provide transportation and pick-up their child on time. Parents will be required to sign their child out if they are picked up after 3:50. **Two late pick-ups will mean the student will be dismissed from the program.**

Student's Name: _____

Teacher's Name: _____

_____ Yes, I would like my child to participate and I will provide transportation.

_____ No, I would not like my child to participate.

Parent Signature: _____

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January 15, 2016

Dear Parent/Guardian:

Your child, _____ has been selected to attend the Extended Learning Opportunity in **Reading/Writing** offered after school at Nob Hill. **Tutoring will take place on Mondays and Tuesdays beginning January 26th through March 16th from 2:15 P.M. to 3:30 P.M.** Please indicate on the line below if your would/would not like for your child to participate in this FREE program. Please sign below and return this note to your child's teacher. Parents must provide transportation and pick-up their child on time. Parents will be required to sign their child out if they are picked up after 3:50. **Two late pick-ups will mean the student will be dismissed from the program.**

Student's Name: _____

Teacher's Name: _____

_____ Yes, I would like my child to participate and I will provide transportation.

_____ No, I would not like my child to participate.

Parent Signature: _____

****Important Notice!****

January 15, 2016

Dear Parent/Guardian:

Your child _____ has been selected to **Peer Tutor** during our Extended Learning Opportunity in **math** offered after school at Nob Hill. **Tutoring will take place on Tuesdays and Wednesdays beginning February 2nd through March 16th from 2:15 P.M. to 3:15 P.M.** Mrs. Berry will be working with the peer tutors to provide this service to the selected students. Please indicate on the line below if you would/would not like for your child to participate in the program. Please sign below and return this note to your child's teacher. Parents must provide transportation and pick-up their child on time. Parents will be required to sign their child out if they are picked up after 3:20. **Three late pick-ups will result in dismissal from the program.**

Student's Name: _____

Teacher's Name: _____
Yes, I would like my child to participate and I will provide transportation.
No, I would not like my child to participate.

Parent Signature: _____

*****First come, first served. Please return to your child's teacher ASAP.**

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Teacher's Name: _____
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Parent Signature: _____

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