

NHS Volunteer Tutoring Permission Slip (Students)

Parent/Guardian Name: _____

Student Name: _____

School: _____

Grade: _____

Subject(s) to be tutored in: _____

I give permission for my child to participate in the volunteer tutoring program. I understand that this means my child will either meet in person with their assigned NHS student tutor, or log in to an online Google Meet with a high school student. There will be no supervision by any Nutley Public Schools staff member. The designated high school student volunteer tutor and my child will come up with meeting dates and times that work for them. This program is a volunteer program so there is no cost to the family.

Parent/Guardian Signature: _____

Date: _____