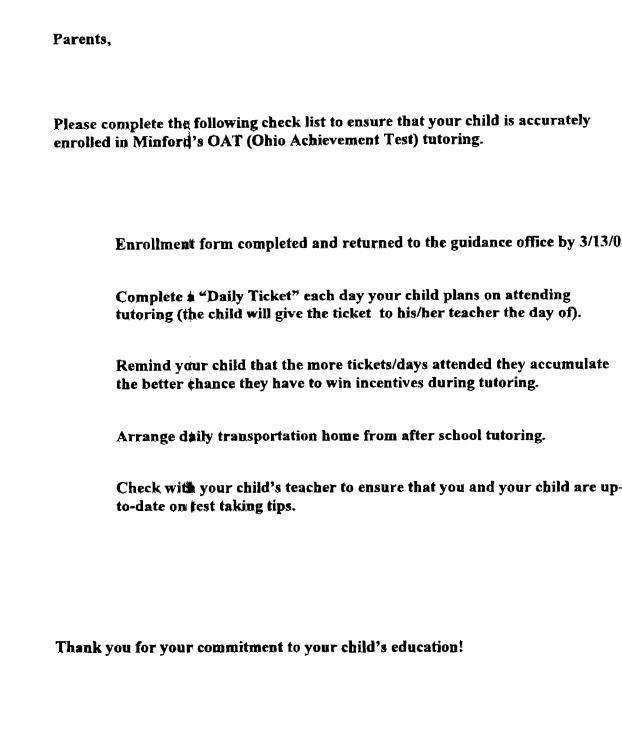
TUTORING ENROLLMENT



After-School Tutoring Daily Ticket Permission to Stay

My child has permission to stay for OAT (Ohio Achievement Test) after school tutoring. With this ticket I pledge to arrange adequate transportation for my child. This ticket is good for one evening only. We require that you fill out a

daily. Student Name: Parent/Guardian Signature:_____ Students in grades 6-8 MUST to be picked up no later than 4:30pm Students in grades 3-5 MUST be picked up no later than 5:30pm After-School Tutoring Daily Ticket Permission to Stay My child has permission to stay for OAT (Ohio Achievement Test) after school tutoring. With this ticket I pledge to arrange adequate transportation for my child. This ticket is good for one evening only. We require that you fill out a daily. Teacher:____ Student Name: Parent/Guardian Signature: Students in grades 6-8 will need to be picked up no later than 4:30pm Students in grades 3-5 will need to be picked up no later than 5:30pm After-School Tutoring Daily Ticket Permission to Stay My child has permission to stay for OAT (Ohio Achievement Test) after school tutoring. With this ticket I pledge to arrange adequate transportation for my child. This ticket is good for one evening only. We require that you fill out a daily. Student Name: Teacher: Parent/Guardian Signature:____ Students in grades 6-8 will need to be picked up no later than 4:30pm Students in grades 3-5 will need to be picked up no later than 5:30pm After-School Tutoring Daily Ticket Permission to Stay My child has permission to stay for OAT (Ohio Achievement Test) after school tutoring. With this ticket I pledge to arrange adequate transportation for my child. This ticket is good for one evening only. We require that you fill out a daily. Teacher: Student Name: Parent/Guardian Signature:

Students in grades 6-8 will need to be picked up no later than 4:30pm Students in grades 3-5 will need to be picked up no later than 5:30pm

Student Name	Last
Address	
Home Telephone	Grade
I would like for my child to attend t	he OAT tutoring March 31st – April 10th
Parent Signature	Date

Minford Local Schools

STUDENT RELEASE AUTHORIZATION

(Non Medical)

The below listed individuals may pick up my child from school. They will follow regular early dismissal procedures and may be asked to present picture identification. This is not a release for mediçal (accident or illness) reasons, but a courtesy to parents who may need to have other individuals get the child from school. Medical release information is listed on the Medical Authorization Form.

Name	Telephone Number
1.	()
2.	()
3.	()
4.	()
5.	(
6.	()
7.	()
8.	()
9.	()