COOK MIDDLE SCHOOL

9111 Wheatland, Houston, TX 77064 281.897.4400

TUTORING PERMISSION SLIP

Dear Parent/Guardian,

	plans to attend tutoring on	
(Student Name)		(Date)
with	for(Subject)	
(Teacher)	(Subject)	
At 3:15 p.m. your child's teacher will begin tu	utoring.	
Indicate your choice below and return to the	tutoring teacher by 2:40 p.m. the day of tutoring.	
My child may stay for tutoring and wil	l be picked up by me at the front of the building.	
My child has permission to walk/ride l	bike home.	
My child has permission to ride the lat	e bus.	
(Date)	(Parent/Guardian Signature)	
	(
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