



Every 1 Reads Permission Slip



Dear Parent/Guardian:

_____ has been chosen to participate in
(Name)

the **Every 1 Reads** tutoring/mentoring program at our school. The tutor/mentor will meet with

_____ on _____ at _____ .
(Name) (Day) (Time)

The focus of the tutoring/mentoring will be on improving reading skills. We believe participation in this program will provide your son/daughter with helpful assistance toward academic achievement and school success.

However, we need written permission for your son/daughter to be tutored. Please fill out the form below and return it to the school as soon as possible. If you have further questions, please call the school at _____ .
(Telephone Number)

Principal

Volunteer Coordinator

(Student's Name) has my permission to be tutored/mentored
at _____ .

Signature of Parent/Guardian

Telephone Number

Date