

Student's Name

5621 Strand Blvd - Suite 108
Naples, FL 34110
239-254-9807
239-596-3132 fax (Call Before Sending)
www.AplusSkillsTutoring.com
deb@aplusskills.com

fax to 239-596-3132 - Call Before Sending

TEACHER INFORMATION PERMISSION FORM

From time to time we find that it is beneficial for our tutors to contact the child's teachers, guidance counselor or other school personnel. There are however, various privacy rules which we and the school personnel must adhere to. Therefore, we need your written permission to make these contacts and for the school personnel to discuss your child's situation.

If you would like the tutor to contact your child's teacher or teachers, please fill out the information below and sign this form.

Student 5 Name.		
School:		
School's Telephone Number:		
Teacher's(s) Name:		
Guidance Counselor (optional)		
Subject(s) to be discussed:		
Teacher's(s) email address: Counselor(s) email address:		
I (we) hereby give permission for situation with school personnel at to release information to the tutor	A+ Skills Tutoring to discuss m nd likewise, the school personno	y child'sel have my (our) permission
Agreed and acknowledged Parent(s) Name(s)		
Signature:	Date:	
Please return to: Debbie Mandell	l, Educational Director – <u>deb@A</u> j	plusSkills.com