**PARENT/GUARDIAN CONTRACT**

**SCHOOL TUTORING PROGRAM**

Student Name:

I, , will encourage and support my child for the duration of the McBean tutoring program. My child will attend all tutoring sessions that he/she is assigned. I understand that my child is only allowed 3 unexcused absences before being dismissed from the program. I will make myself available for teacher contact or conferences, and I will not hesitate to contact my child’s teacher if I have any questions or concerns.

Parent/ Guardian Signature Date Phone Number

Student Signature Date

Teacher Signature Date

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**To be completed by your child’s teacher:**

Tutoring Day/Time: