



Blue Spring A+ Schools
Tutoring/Mentoring Agreement
Parent/Guardian
Permission Slip/Recommendation

STUDENT NAME: _____

Your student is applying for the opportunity to tutor/mentor through the A+ Schools Program. As part of the process, he/she will participate in a training session conducted by Blue Springs R-IV personnel. Please provide a paragraph indicating your level of support and why you believe your student would be a good tutor/mentor in the A+ School Program.

I understand that I am responsible for my student's transportation to and from tutoring/mentoring activities. I hereby give permission and support to my student to participate in the Blue Springs A+ Schools Tutoring/Mentoring Program.

Parent/Guardian Signature

Date

PLEASE COMPLETE AND RETURN WITH TUTORING/MENTORING AGREEMENT