

2025-2026
RIPLEY MIDDLE SCHOOL
AFTER SCHOOL TUTORING REGISTRATION FORM

Please look closely at the options below and choose the day(s) you would be interested in your child participating in tutoring. Place an X in the box(es) you are requesting. You will be notified of your child's tutoring schedule, with a start date, once the tutoring schedule has been completed.

Student (first & last name) _____ Grade _____ WVEIS # _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY

Tutoring will run from 3:30 pm to 5:00 pm. Please be on time to pick up your student.

If there is anything you would like us to know about your child, please let us know on the lines below:

Please list up to four people who have permission to pick up your student. Include their phone numbers.

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____
4. _____ Phone _____

I understand that staying for after school tutoring is a privilege. Poor behavior choices can cause students to be removed from the program.

Parent/Guardian Signature

Phone number

Please return completed forms to Mrs. Hamilton as soon as possible.