

**SSJNN TUTORING PROGRAM  
PARENT/GUARDIAN COMMITMENT & RELEASE FORM**

**Please return this page via e-mail to [AStinely@SSJNN.org](mailto:AStinely@SSJNN.org)**

Child's name: \_\_\_\_\_

Where does your child currently attend school? \_\_\_\_\_

In what grade is your child currently enrolled? \_\_\_\_\_

Please provide an *active* email address and/or cell number for communication and virtual meeting purposes: \_\_\_\_\_

1) \_\_\_\_\_ (Initials of parent/guardian) I grant permission for my child to participate in The Sisters of Saint Joseph Neighborhood Network Virtual Tutoring Program and be matched with a tutor. **I agree to ensure that my child attends the scheduled weekly session and arrives punctually.**

2) \_\_\_\_\_ (Initials of parent/guardian) I grant permission for my child to take the pre- and post-tutoring testing.

3) \_\_\_\_\_ (Initials of parent/guardian) I consent to the release of my child's education records to staff of the Sisters of Saint Joseph Neighborhood Network for the purpose of keeping them informed about my child's educational progress throughout the school year. I understand that education records include, but are not limited to, information about my child's academic standing and disciplinary issues. I acknowledge that I may submit a subsequent notification in writing directing the school to no longer release information to any third party. \*This section is optional.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date