

A²/Tutoring Opt-Out Parental Consent Form

I give permission for my student to Opt-Out of A² tutoring, beginning **January 8, 2024**.

I understand that my student _____ has all A/B's **and** I agree that if my student receives a grade of **C+ or below** at the end of any quarter/semester they will be required to attend weekly tutoring.

Students who choose to opt out will still be required to make their weekly contact.

Parent/Guardian's Signature

Date

Student Signature

Date

- **Students can Opt-Out and still attend tutoring.**
- **When you Opt-Out you don't have to worry about making 80% of your monthly tutoring requirement.**