



THE FLUSHING INTERNATIONAL HIGH SCHOOL

LARA EVANGELISTA, *Principal*

144-80 Barclay Avenue, Room 324B Flushing, NY 11355

Phone (718) 463-2348, Fax (718) 463-3514

February 5, 2014

Dear Parent:

I would like to have your child, _____, participate in a peer-tutoring program in math at Flushing International High School. This tutoring program gives children at our school extra opportunities to improve their math skills.

Starting on February 24th, your child will meet individually with a student from our school who is trained as a math tutor. During tutoring, your child will practice for the Regents exam and will also practice outcomes covered in class.

- These tutoring sessions will take place 2-3 times per week during school hours and will be supervised by adults. One of these times is on Fridays from 3:40-4:40pm.
- Each session will last about 30-60 minutes.
- Tutoring sessions will be scheduled so that your child does not miss important classwork.
- The goal of these tutoring sessions is to help your child to become a more skilled and confident math student.

We need your permission in order to give your child this extra math tutoring. If you would like your child to participate, please sign your name at the bottom of this form, date it, and return the form to me. If you have any questions about this peer-tutoring program or would like to discuss it further, please feel free to call me at (718) 463-2348.

Sincerely,

Rosmery Milczewski
Mathematics Teacher
Flushing International High School

Parent Permission for Student to Receive Tutoring

Yes, I agree to have my child, _____, receive tutoring in the peer-tutoring program in math at Flushing International High School

Parent Name (please print)

Parent Signature

Date