

Tutor Session Consent Form

Date: _____

To: [Tutor's Name]

[Tutor's Address]

[City, State, Zip Code]

Dear [Tutor's Name],

I, [Parent/Guardian's Name], the parent/guardian of [Student's Name], give my consent for my child to participate in tutoring sessions with you from [Start Date] to [End Date].

I understand that:

- The sessions will be conducted on [Days of Week] at [Location/Online].
- The content of the sessions will focus on [Subjects/Topics].
- I may contact you at [Contact Information] for any concerns or feedback.

By signing this form, I confirm that I have read and understood the terms of the tutoring sessions.

Signature: _____

Printed Name: _____

Date: _____

Thank you,

[Your Name]

[Your Contact Information]