

## **MASTERY CENTER - ASSIST PROGRAM**

### **Parent/Guardian Permission Form 2024-2025**

Dear Parent or Guardian,

Your child would like to participate in the Carquinez Middle School Assist program. The goal of this program is to help students who struggle to manage their homework, as well as focus on any missing or late work they may have paired with enrichment opportunities. The program will run four days a week for approximately two hours per session. We ask that your child attend all assist days that they have been signed up for (Mondays, Tuesdays, or Thursdays, or all three days). If your child is going to be absent from the program, please send a written note or email. In this program, your child has the opportunity to receive academic support.

The Assist program will begin meeting Monday, **August 26, 2024** until the end of the 2024-2025 academic year. The program participants will meet every Monday, Tuesday, Thursday after school until 4:30 pm, with the exception of holidays/breaks and conference days. Please note that acceptance into the program is based on a first come first serve basis. **It is also important to note that there are attendance and behavior requirements to maintain eligibility to stay in the program. Any severe behaviors are subject to immediate termination.** Once a student has been dropped from the program, they may not re-enroll until the next academic school year. Should your child be dropped from the program, you will be notified immediately. If you would like for your child to participate in the program, please talk about it with him/her. If you would like your child to be part of Assist please grant your permission by signing below.

Thank you for your time. We hope this program will be of great benefit to everyone involved

Sincerely,  
Kevin Treirweiler  
Mastery Center - Assist Teacher

I give permission for my child, \_\_\_\_\_, to participate in the Assist program at Carquinez Middle School. I understand the nature and rules of the school's mentoring efforts and reserve the right to withdraw my child from the program at any time. I understand that my child's behavior and attendance determine their eligibility to stay in the Assist program and that three unexcused absences may result in termination from the program for the remainder of the academic school year.

My student is:

- ☐ Being picked up at 4:30pm
- ☐ Walking directly home
- ☐ Take the bus

I would like my student to attend Assist on:

- ☐ Monday
- ☐ Tuesday
- ☐ Thursdays
- ☐ All three days

Home Address:

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Parent/Guardian Phone Number:

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

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Date of Signature