



The Retreat PVB Academic Coaching
Policy and Consent

Student's Name _____

Date _____

Parent's Name _____

Academic Coach _____

Date(s) of Anticipated Coaching (i.e. every Tuesday and Thursday, Wednesdays, etc...)

Concept(s) needing extra help

Please initial below indicating your consent:

_____ I give my permission for my child to stay at The Well for academic coaching on the days stated above

_____ I understand that my student will be working 1:1 with his/her academic coach

_____ I understand transportation will not be provided and that my child will need to be picked up by _____ (time agreed upon between you and your academic coach).

_____ I understand that it is my responsibility (not my child's) to communicate with our academic coach about student progress, scheduling changes, cancellations, etc...

Parent Signature: _____

Date: _____

Phone Number: _____

Emergency Contact (different from parent above): _____

Emergency Number: _____ Relationship to Child: _____