

WITHDRAWAL FOR PRIVATE TUTORING DURING SCHOOL HOURS

Student:	Year:
Parent:	Teacher:
Day and Time Period of Withdrawal:	Timetabled Classroom Lessons Absent From:
Educational Facility Providing Specialist Assistance:	
Has a copy of the student report been given to school? Yes/No	
As a result of this tuition I believe my child will	
Outline of the specific skills and abilities I expect my child to achieve from private tuition:	
Specialist Recommendations for classroom teacher:	
Has the specialist liaised with classroom teacher? Yes/No	

I understand that by withdrawing my child, their assessment and reporting in some subject areas may be affected.

Parent Signature:

Date:

Review Date:

Principal Approval:

Date: