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# Mentor Jr.

## Parental Consent Form

I, \_\_\_\_\_ (full name of parent/ guardian) give permission to a Mentor Jr. tutor to connect with my child

\_\_\_\_\_ (full name of child) via Zoom for a  
(tick as appropriate)

**one off** tutoring session on \_\_\_\_\_ (DD/MM/YY)

**weekly** tutoring session on \_\_\_\_\_ (usual scheduled weekday(s))

Signed \_\_\_\_\_

Print name \_\_\_\_\_

Email/phone number \_\_\_\_\_

Please return to [mentorjrtutoring@gmail.com](mailto:mentorjrtutoring@gmail.com) before the start of your child's session.