



**Oxford Educational Foundation Tutoring Permission Form**  
**[oxfordedfound@yahoo.com](mailto:oxfordedfound@yahoo.com)**  
**610-932-7200**

Dear Parent/Guardian,

Your child has agreed to participate in the Oxford Educational Foundation (OEF) Tutoring program. Your permission is needed before he/she may be matched with a tutor and begins the sessions.

All tutors working through the OEF have consented to a Criminal Record and FBI Check and Child Abuse Registry Clearance according to Act 34 and as required by OEF and the Oxford Area School District. All tutors have been instructed to keep all personal information about your child confidential.

The student and tutor are encouraged to exchange phone numbers. If for any reason your child is unable to attend a tutoring session, please call the tutor directly by the end of the school day. No tutoring sessions will be held if the Oxford Area Schools are closed.

By signing this form you are agreeing to allow your child to participate in the tutoring and to provide transportation as needed. Please fill out the form below and return it to the guidance office.

Please call the Oxford Educational Foundation or the guidance office if you have any questions.

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I give permission for my child \_\_\_\_\_ to participate in the OEF Tutoring program. I understand that all personal information about my child will be kept confidential.

\_\_\_\_\_ I would be interested in having my child's tutor contact me  
\_\_\_\_ Please contact me by email. Email Address \_\_\_\_\_  
\_\_\_\_ Please contact me by phone. Best time to reach me \_\_\_\_\_  
\_\_\_\_\_ I would not like to be contacted by my child's tutor

Subject \_\_\_\_\_ Teacher \_\_\_\_\_ Grade Level \_\_\_\_\_

**Student Photographs**

As part of celebrating student achievement, programs, and special activities with the community, the Oxford Educational Foundation may wish to post photographs on the following: OEF's publications, OEF website, local newspapers and publication media.

\_\_\_\_\_ **I do grant permission** for my child's photograph and name to be posted.

\_\_\_\_\_ **I do not grant permission** for my child's photograph and name to be posted.

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

Telephone Number \_\_\_\_\_