



# CRYSTAL RIVER MIDDLE SCHOOL

344 NE Crystal Street Crystal River, Florida 34428

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Ryan Selby, Assistant Principal

Maurisa Applegate, Assistant Principal

Dear Parents and Guardians,

We would like to invite your child to participate in the Crystal River Middle School After-School Tutoring Program. This program is intended to provide academic support to students in need of additional support in Math or Reading. If needed, transportation will be provided by Citrus County Schools to students who are zoned to our school and wish to participate in the program. Only students participating in this After School Tutoring Program will be allowed to ride the bus home.

It is important to send in your response as soon as possible. Once the forms for student participation have been turned in to Dr. Jennifer Poyner in Student Services, we will be contacting those families to give more details about the program.

Session 1 will start on January 15<sup>th</sup> and will end March 15<sup>th</sup>. Tutoring will be every Tuesday and Thursday from 2:45 to 4:00 PM. Information for future sessions will be sent home at a later date. Students will report immediately to the cafeteria at the end of the school day, where they will receive a snack and then proceed to their tutor's classroom. All students will be expected to bring subject-related work with them to complete during the tutoring session.

I would like to personally thank you for taking the time to consider your child's involvement in the program. If you have any further questions about this program, please contact me or any one of the following staff members listed below.

Sincerely,

Maurisa Applegate  
Assistant Principal  
(352) 795-2116

Ryan Selby, Assistant Principal  
Dr. Jennifer Poyner, Title I, ext 5284

Please complete the form below and return it to Dr. Poyner, in Student Services, by Friday, December 14th.

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Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

\_\_\_\_\_ I would like for my child to participate in the After School Tutoring Program.

\_\_\_\_\_ I will pick my student up at 4:00 p.m.

\_\_\_\_\_ My student will need bus transportation home.

Afternoon Drop Off Address: \_\_\_\_\_

My child needs help in the following subject area (circle one): English Math Science Social Studies

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

**CRMS MISSION: TO EDUCATE, MOTIVATE, AND DRIVE SUCCESS FOR ALL STUDENTS THROUGH RIGOR, RELEVANCE, AND RELATIONSHIPS.**