

# The Douglas Brothers Foundation, Inc.



7193 Jonesboro Road, Suite 202A  
Morrow, Georgia 30260  
Phone- 770-960-7770 Email- tdbfoundation@att.net

## Tutoring Permission Form

I give permission for my child \_\_\_\_\_ to participate in the Douglas Brothers Foundation Project Care Literacy 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/s \_\_\_\_\_

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

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

For Staff Only: Teacher Assigned: \_\_\_\_\_

Please return completed permission form to:

**The Douglas Brothers Foundation, Inc.**  
**Project Care Literacy Program**  
**7193 Jonesboro Road, Suite 202A**  
**Morrow, GA 30260**