

Swope Middle School

901 Keele Drive
Reno, Nevada 89509
Phone (775) 333-5330
Fax (775)333-5083

Mr. Mike Nakashima, *Principal*
Ms. Amy Callahan, *Asst. Principal*
Mr. Eian Gilbert, *Dean of Students*



Dear Swope Students and Families,

Swope students have the opportunity to receive after-school academic support in the Swope After-School Tutoring Program. The after-school sessions will be on Tuesdays and Thursdays from 2:00 p.m. to 4:00 p.m., beginning Tuesday, September 3, 2019 and ending May 23, 2020.

NO TUTORING ON THE FOLLOWING DATES: 9/5/19, 9/12/19, 9/19/19, 11/26/19, 12/17/19, 12/19/19, 1/7/20, 1/9/20, 1/14/20, 1/16/20, 3/10/20, and 3/12/20.

After-School Tutoring can be fun, but it is not after school care. Participating students are expected to work on homework.

If you ride the bus home, transportation will be provided by the Washoe County School District after the tutoring session. The bus will depart Swope at 4:00 p.m. and transport your student to their zoned elementary school. **Approximate** drop off times at the elementary school are as follows:

4:10 p.m.	Gomm Elementary School
4:18 p.m.	Caughlin Ranch Elementary School
4:27 p.m.	Huffaker Elementary School
4:34 p.m.	Anderson Elementary School
4:40 p.m.	Jessie Beck Elementary School
4:46 p.m.	Mount Rose Elementary School

***Only students participating in the after school program are allowed to ride the bus home as this is a grant funded program with strict guidelines. We cannot jeopardize this program by letting students attending other after school activities ride the bus. Thank you for understanding.*

This is a self-paced, self-directed opportunity for students to complete unfinished work, have access to computers and get additional support in core subject areas. There will be teachers in each session to assist students and answer questions.

All students attending the tutoring program must be registered and enrolled in the program before participating. This registration form must be signed and returned by parent/guardian to Mrs. Susie Olano in the main office. Any student who does not have this form on file in the office will not be allowed to participate in the program.

If you have any questions, please contact your counselor:

- 6th (last name A-M) & 7th grade Mrs. Kelly Della Bordella KDellaBordella@washoeschools.net
- 6th (last name N-Z) & 8th grade Ms. Angela Kopal AKopal@washoeschools.net

Student Name: _____ Student ID#: _____

Address: _____

- The above student has my permission to sign themselves out of the program **YES / NO (circle one)**

Parent/Guardian Initials: _____

- The above student rides the bus and needs to be dropped off at the following school _____
(Choose from schools above)

Signature of Parent/Guardian: _____ Date: _____

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