

Innovations International Charter School of Nevada

After School Tutorial Program

Student Name: _____

Parent/Guardian Allowed to Pick Up:

Name (Print) _____ Signature: _____

Name (Print) _____ Signature: _____

Name (Print) _____ Signature: _____

Name (Print) _____ Signature: _____

Name (Print) _____ Signature: _____

Name (Print) _____ Signature: _____

Name (Print) _____ Signature: _____

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