

JOE REDINGTON JR/SR HIGH SCHOOL

PO BOX 877130
Wasilla, AK 99687



phone 907.864.5400
fax 907.864.5480

Thomas Lytle, Principal
Claudia Blydenburgh, Assistant Principal
Matthew Swalling, Assistant Principal
Todd Whitehurst, Security Officer

Victoria Killian, Administrative Secretary
Wendy Rodgers, Registrar
Lara Grover, Front Desk Secretary
Hannah Conner, Activities Secretary

Calling out the greatness in each other Every. Single. Day.

Dear Redington Families,

Redington Junior/Senior High School is now offering an after school tutoring program for any student enrolled in 6th through 12th grade at RJS. This program will meet daily in Room 204 each Monday - Thursday from 2:25pm-3:45pm, beginning Monday, September 28, 2020.

The purpose of this program is to assist any student who requires extra help in their academic classes. Each day the program will be staffed with a content area teacher to provide targeted support: Mrs. Bowers on Monday, Mrs. Beard on Tuesday, Mrs. Kohut on Wednesday, and Ms. Daniels on Thursday. We are hopeful that students will take advantage of this program as they strive to bring out the greatness in themselves.

Feel free to contact any of the following teachers for more information or any questions you may have

Agnes Bowers: agnes.bowers@matsuk12.us

Trish Kohut: patricia.kohut@matsuk12.us

Heather Beard: heather.beard@matsuk12.us

Crystal Daniels: crystal.daniels@matsuk12.us

We look forward to seeing you there! Permission slips can be found in the Redington Front Office.



MATANUSKA-SUSITNA
BOROUGH SCHOOL DISTRICT

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HOWLING HUSKY TUTORING

My *student* _____ will begin
attending Howling Husky Tutoring on _____ (date).

Contact Info:

Parent Name (please print) _____

Home # _____ Cell # _____

Alternate Contact Person _____ Phone# _____

Student Expectations:

I, _____, understand:

- I must arrive on time and sign into class by filling out an assignment form and stating what I will be working on.
- I will be required to keep a record of assignments/work completed during tutoring.
- I will be required to bring paper, pencil/pen and any academic material needed to complete assignments.
- I understand that once I enter the classroom at 2:25 I will not be permitted to leave until 3:45pm without a pass from another teacher unless I am picked up early.
- I must follow all RJS and Mat-Su School District rules while in attendance.

Student Signature _____

Parent Expectations:

I, _____ understand:

- That pick-up time for students is no later than 3:45pm.
- That Howling Husky Tutoring is only on Monday, Tuesday, Wednesday, and Thursday each week.

Parent Signature _____



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STUDENT PERMISSION SLIP TO PARTICIPATE

Student Name: _____ **School:** Redington Jr/Sr High School

Activity/Event: After-School Tutoring **Date:** Mondays, Tuesdays, Wednesdays, Thursdays

Time: 2:25-3:45pm **Fees:** None

Location: Room 204

~~As the parent or guardian of this student, I hereby release, waive, discharge and agree to hold _____ harmless the Matanuska-Susitna Borough School District, its agents, officers, employees, and volunteers from all liability to me, my spouse, or my child for any and all loss and personal injury, including injury resulting in death, unless the damage and personal injury has been caused by the sole negligence of the agents, officers, employees, or volunteers of the Matanuska-Susitna Borough School District.~~

I understand that the District does not provide students with accident insurance; however, student accident insurance can be purchased separately for initial coverage or to supplement private coverage.

I understand that accidents may occur. If first aid is required, it may be provided by school staff prior to the arrival of emergency personnel. I also consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of this school sponsored group, and hereby waive on behalf of myself, spouse, and the above named should any liability of the school district and of its agents or employees arising out of such medical treatment.

I have read this release carefully and agree to allow my child to participate.

Date

Parent Signature

Emergency Contact Phone: _____

Special instructions or information regarding my child:



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