Learning Today...Leading Tomorrow

#WeAreFenton

September 9, 2024

Dear FHS Parents/Guardians:

Our goal is for all students at Fenton High School to be successful academically and earn the required credits needed to graduate in four years.

To help students accomplish this goal, we will offer After-School Tutoring in the FHS Lecture Hall, Monday through Thursday from 2:40 until 3:40 beginning Monday, September 9th.

There will be no charge for participation in this program. If your child attends After-School Tutoring he/she will work under the supervision of a teacher on homework and other assignments for which he/she is in greatest need of assistance. We will focus on the content areas of English, math, science, social studies and foreign language.

If you are interested in having your child participate in this academic assistance program, please complete the enclosed permission form and return it to the FHS Counseling Office.

Be sure to indicate whether or not bus transportation home will be needed. (A bus will be available to transport students at 3:25 from FHS to the Ellen Street Campus where students will catch a second bus home.)

We expect that your child's participation in this program will help him/her succeed in his/her classes and stay on track for graduation in four years.

If you have any questions, please contact the Counseling Office at FHS: (810) 591-2612.

Sincerely,

Michael S. Bakker Principal

NOTE: Credits needed for class standing:

Freshman: 0 to 7.5 credits Sophomore: 4.5 to 14 credits Junior: 11.0 to =20.5 credits

Senior: 17.5 to 24+





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Fenton High School After-School Tutoring Program 2024-2025



Student's Name:					_
Home Address:					_
Current Grade Level:	9	10	11	12	-
Subject area(s) for whic English	ch tuto Sciend		recor		this time: Language
Math	Social Studies				
TRANSPORTATION: Ple	ase che	eck on	e of th	ne following:	
 My child will need to take the bus from FHS to the Ellen Street Campus and catch a second bus home. 					
 I will provide transpopermitting, my child ma 				ny child, or v	veather
Parent Signature:			D)ate:	
Home Phone Number: _					<u></u>
Cell Phone Number:					
Parent Email Address: _					

Complete and return this form to the FHS Counseling Office

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