

Request for After School Tutoring

Student's Name: _____

Grade Level: _____

Team: _____

Days and Times Available: (Circle those that apply)

Monday 3 – 4 PM 4 – 5 PM

Tuesday 3 – 4 PM 4 – 5 PM

Wednesday 3 – 4 PM 4 – 5 PM

Thursday 3 – 4 PM 4 – 5 PM

Subjects requested for help:

Spanish Social Studies

French English - Reading

Math – General English - Writing

Math - PreAlgebra Science

Math – Algebra

Terms of agreement:

- Students will be matched with their high school tutors based on the academic need determined by the student's academic team.
- Once a student has been scheduled for a session, the guidance counselor will contact the student and the parent.
- Student will wait in the PM room until the tutor comes out to get the student. The student will be returned to the PM when done. All tutoring will take place in the Library Media Center.
- Students who fail to show up for tutoring without contacting the guidance office by 8:00 AM on the morning of the session will be removed from the program.
- Each student will receive a maximum of 8 tutoring sessions.

I agree with the terms of agreement listed above:

Parent's Signature _____

Date: _____

Student's Signature _____

Date: _____