

For office use only
Tutor Assigned:
Date to Start:

Application to RECEIVE Tutoring

Name:	Grade:
Home Room Teacher:	
Please prioritize your tutor	ng needs by subject:
1	
2	
in various classrooms. Peer to help sessions. If a student red with the student and tutor to di will consult with the student's t tutoring begins the Counseling early entrance to the teacher's	d on Monday through Friday typically from 7:40 AM until 8:00 AM tors typically assist teachers in their classrooms during morning uests tutoring, the Counseling Department will arrange a meeting ccuss days and times for tutoring. The Counseling Department cam to identify a classroom location and available days. Before Department will provide a "Tutoring Pass" that allows the student hallway and room. If the student, tutor, and teacher determine ing event, the teacher may provide a permanent pass for the
I give my child permission to re	ceive tutoring from his/her peers.
Parent Signature:	Date:
Parent Email Address:	
Parent Phone Number:	