Student's Name:	Grade Level: Date:
Parent's Name:	
Phone:	Email:
Subject For Tutoring:	
Current Teacher:	Current (and/or Previous) Grade:
Please briefly explain the spec	fic area with which the student is having difficulty:
	TH, please complete the information below.
Select Course:	
Pre-Algebra Algebi	Geometry BC Geometry Algebra II
Type of Tutoring:	
Group (Algebra I and Ge	ometry only) Peer Tutoring Drop-In Tutoring
	S25/hour with certified teacher; maximum of eight ip. See schedule below.
Peer Tutoring: C and tutor.	ne-on-one tutoring; \$10/hour. Schedule is set by parent
	(Homework Help): One-on-one tutoring with high school inute session; maximum of one hour (three sessions)
If requesting tutoring for a sinformation below.	ubject other than math, please complete the
Course:	
Tutoring Style:	
If seeking peer tutoring:	
Indicate the days and times yo	u are available for tutoring:
Day: Monday Tu	sday Wednesday Thursday
Time:	
How many sessions per week	vould you like tutoring?
Tutoring Schedule	

Monday: Group Session 1: Geometry BC (3-4) in 275; One on One Peer Tutoring Tuesday: Group Session 2: Algebra 1 (3-4) in 275; One on One Peer Tutoring Wednesday: Drop-In Tutoring (3-4) in 275; One on One Peer Tutoring Sessions Thursday: Group Session 3: Geometry (3-4) in 275; One on One Peer Tutoring