

PEER TUTORING STUDENT APPLICATION FORM

Name:		PIN	Grade:
Phone Number:			
Email Address:			
I would like to receive peer tur	toring in the following subje	ect(s):	
COURSE	GRADE AND LEVEL	SUBJECT TEA	ACHER SIGNATURI
1.			
2.			
3.			
4.			
DAYS YOU ARE WILLING TO BE TUTORED:			
Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Weekend □			
NUMBER OF HOURS PER WEEK:			
I understand that in receiving tutoring I am undertaking a responsibility that requires extra work outside of school time. I agree to comply with the rules of the tutor program. I also acknowledge that completing this form does not guarantee a tutoring match as Student Services relies on volunteer tutors that may not be available in each subject area.			
STUDENT'S SIGNATURE			
PARENT'S SIGNATURE			

PLEASE RETURN APPLICATION TO STUDENT SERVICES.