



Tutoring Application (to be completed by parent)

Student name _____

Student
address _____

Phone _____

School attending _____ grade _____

Teacher/Counselor _____

School's phone _____

Tutor name _____

Address _____

Phone _____

Please attach the following:

1. Letter of recommendation for tutoring from teacher or counselor.
2. Brief description of what the parent's needs are for tutoring.
3. Plan for tutoring to include: where tutoring is to take place, how often, the time frame (how long the plan will be in effect), and the academic plan for improvement/success.

Parent signature

Student signature