



Request for Volunteer Tutor

Name _____

Grade _____

Career/Tech Program _____

Home School _____

Cell Phone _____

Email address _____

Subject Needing Help _____

Teacher _____

I am available and willing to meet for tutoring: (check all that apply)

_____ before school, starting at 7:30

_____ after school, until 3:00

_____ during lunch

_____ during study hall

AGREEMENT

I understand that the tutoring program is a volunteer program. I will meet with my assigned tutor regularly at the assigned times.

Student Signature _____

Date _____

Parent Signature _____

Date _____

TO BE FILLED OUT BY CLASSROOM TEACHER:

What is the student's current grade? _____

Does the student demonstrate effort? _____

Does the student complete homework? _____

Is the student attentive in class? _____

Teacher Signature _____

Any questions or concerns about the volunteer tutoring program should be addressed to Mrs. Mowrer in room 168, by emailing smowrer@mcjvs.edu, or by calling (330) 725-8461, ext. 300

PLEASE RETURN THIS FORM TO THE STUDENT INFORMATION DESK