

Request for Tutoring

Student Name: _____ Grade: _____

Address _____ Phone #: _____
(Physical)

Student has been referred by: Teacher Counselor Parent

Requesting transportation: _____ Yes _____ No

Requesting tutoring in the following areas:

I, _____ authorize the release of information to the SWO JOM Program regarding my child's academic performance in the Sisseton Public School District.

Does child have any medical conditions the program should be aware of?

Signature of Parent/Guardian _____

Date: _____

Office use only

Signature of Tutor

Signature of Program Manager

Dates of Tutoring: M T W TH