



Student Name				Grade	
Subject(s) and Teacher(s)					
(Please specif Goals that I hope to a		•	ometry or 9 th grade Er	glish.)	
Parent/Guardian Nam	ne(s)				
Phone Number(s)*					
an illness or other cor	with the tutor so the offict. You will also re that you are available	ey can contact you dinceceive the tutor's concept effortutoring. Stude	rectly if they need to retact information if you	eschedule the session due to need to cancel a session. th a tutor one day per week.	
Monday 8:30-9:15	Tuesday 8:30-9:15	Wednesday 8:30 – 9:15	Thursday 8:30-9:15	Friday 8:30-9:15	
	meet your goals. Th	neir time is valuable, s	•	Not Available The tutors are volunteering red with a list of questions	
also agree to make su	re your student atte	nds scheduled tutorir	g session unless you h	an upper school student. You have contacted the tutor or to cancel/suspend tutoring.	
Parent/Guardian Signature					
Student Signature					

If you cannot make it to a scheduled tutoring session please contact your tutor directly and Ms. Richgels by email at erichgels@stcroixprep.org.