



TUTEE Information Sheet



Name (please print clearly): _____

Home Phone: _____

Cell Phone: _____

E-mail (checked regularly):

Subjects in need of tutoring
(Please indicate grade and if applied, academic, etc.):

Days/ Times of Availability (check or write in time):

	Before School	Lunch	After School
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

NOTE! Form is to be completed and returned to Student Services