



# TUTEE Information Sheet



Name (please print clearly): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail (checked regularly):  
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**Subjects in need of tutoring**  
**(Please indicate grade and if applied, academic, etc.):**

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

	<b>Before School</b>	<b>Lunch</b>	<b>After School</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

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